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ABSTRACT

Day care standards and the quality of care are investigated in the five research studies in this volume. The studies were commissioned as part of an effort to provide detailed analyses of issues of special relevance to child care and parental leave policies and the effects of such issues on the changing Canadian family. Reviewing day care legislation in Canada, Paper 1 describes the legislation, summarizes salient features of standards, and outlines legislation in each province and territory. It also examines the terms in which day care is defined and attempts to identify common licensing characteristics, seeking to determine how regulated standards might improve day care services. Paper 2 examines how provincial governments insure compliance with their day care standards, and is intended to be read in conjunction with Paper 1. Paper 3 focuses on issues in the definition and implementation of high quality day care programs. Paper 4 reviews and analyzes current literature on informal child care arrangements, focusing on Canadian data, but including information on other countries in cross-cultural comparisons. Future alternatives for informal child care are presented. Paper 5 reviews major research findings on the effects of day care on the development of children, families, and communities. (RH)

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Series 3

Child Care: Standards and Quality

Prepared as Background Papers for

Report of the Task Force on Child Care

PS 016407

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Prepared for

The Task Force on Child Care

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FOREWORD

The Task Force on Child Care commissioned a series of research studies designed, for the most part, to provide detailed analyses of selected issues of special relevance to child care and parental leave policies and their effects on the changing Canadian family.

The terms of reference for the Task Force called for an examination and assessment of the need for child care services and paid parental leave in Canada, and of the adequacy of the current system in meeting the perceived needs. Most of the research reports, therefore, were designed to pull together and analyze information from existing sources. However, in a number of instances, it was necessary to initiate primary research because of the absence of data in the area. Parents' Needs, Preferences, and Concerns About Child Care: Case Studies of 336 Canadian Families, and The Bottom Line: Wages and Working Conditions of Workers in the Formal Day Care Market are two such studies.

While these studies incorporate a wealth of useful information, which provided the Task Force with the basis on which to develop its arguments and recommendations, they are reflective of the views of the authors, and should not be interpreted as representing the views of the Task Force. Furthermore, the studies do not reflect the policy or the intentions of the Government of Canada.

Status of Women Canada makes these research reports available to groups, organizations and individuals wishing to explore in greater depth the Task Force report and issues relating to child care and parental leave. This reflects the department's objective of providing a broad basis for public discussion of issues relating to the equality of women in Canadian society.

Other papers published in this series are listed at the back of this publication. Copies of these papers are available by writing to:

Status of Women Canada
Communications Unit
151 Sparks Street, Suite 1005
Ottawa, Ontario K1A 1C3

DAY CARE STANDARDS

IN

CANADA

A Report Prepared for the Task Force on Child Care

October 1984
Hélène Blais Bates
Policy Analyst

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FOREWORD

This review of day care legislation in Canada is intended primarily as a general reference to provincial and territorial requirements for the licensing of facilities which provide day care services. Information on regulation in general has been taken from the literature on day care and licensing. This supplements research on actual practice, based on a review of current day care acts and regulations. In some cases, departmental directives and other ancillary reports were made available by provincial and territorial government directors of day care.

The report describes the legislation, summarizes salient features of standards, and outlines legislation in each province and territory. It also examines the terms in which day care is defined. It attemps to identify common licensing characteristics and seeks to understand how regulated standards might improve day care services for families.

Historical documentation of day care legislation has not been attempted in this paper, on the assumption that another report prepared for the Task Force on Child Care, "Towards Universality", might provide such an overview. As well, the reader is referred to the 1972 Health and Welfare Canada publication, Day Care Legislation in Canada, for information on the major provincial legislative developments since passage of the Canada Assistance Plan Act in 1966.

The author cautions that drawing any major conclusions about the quality of existing standards across Canada on the basis of this paper may be misleading and unfair. An assessment might be possible only after additional comprehensive discussion and analysis of operational procedures and practices in each province and territory are carried out. This analysis would necessitate direct consultation with day care program directors, licensing managers and a sampling of service providers. In addition, a review of all existing procedures, manuals and guidelines used as internal or public working documents in effecting service delivery would be required. The Parliamentary Task Force on Child Care might wish to conduct such research.

The review does not include on care for school-age children. It does not purport to establish what quality care ought to be, or to explore funding mechanisms - grants, administrative support fees, or subsidies provided to licensed facilities. Recommendations arising from this paper should be integrated with research undertaken by others in this area.

1.0 INTRODUCTION

A review of legislation was undertaken in 1972 by Health and Welfare Canada. One year later, the Canadian Council on Social Development published a document on day care called "Garde de Jour: croissance, apprentissage, protection". The report examined legislation and current needs, and recommended a role for the federal government in the expansion of services, including information, research, consultation and financing. It also recommended that provincial jurisdictions, through citizens' advisory committees, formulate standards for acceptable practices in day care facilities. It warned that desirable features in day care would not be achieved solely through licensing.[1]

Subsequently, in 1979, the Canadian Commission for the International Year of the Child called for the establishment of a Secretariat for Children's Affairs which would develop national standards for child care, direct funding to day care centres, and develop education programs dealing with parenting and child development. The following years witnessed repeated requests for national standards and federal action to improve the quality of service in complementary child care services (White 1981; Second National Conference on Day Care 1982).

During this process, a degree of success has been achieved. The National Day Care Information Centre has provided a focal point for consultation, and for collection and dissemination of information. Provinces have examined and re-examined day care needs and legislation, and have enacted regulations to protect the consumer.

Despite this, information-sharing with the general public regarding the purchase of service is limited. The number of licensed spaces available cannot meet the demand; the supply is unevenly distributed across the country. Disagreement among numerous interest groups and professionals deters politicians from wrestling with policy decisions with regard to regulation and funding.

Child care of any type serves a dual function. It extends the family by contributing to child-rearing, and it aids child development. Licensing is but one facet of day care. Social policy and public funding assume that licensing will safeguard the child. However, much of the literature indicates that licensing alone is an unreliable and inadequate instrument for upgrading the quality of care; furthermore, surveillance is costly. Since standards define minimum requirements, they tend to erode motivation toward higher quality of care; and to lose their effectiveness when applied to diverse arrangements.[2]

Licensing has two instrinsic merits: consumer protection and educational training. Its goals are to safeguard the public and to control licensees. But licensing alone cannot guarantee or upgrade the quality of care provided to children, and it cannot prevent individuals, who are discouraged by red tape and regulatory control, from providing care in the unlicensed market.

2.0 WHAT ARE THE POWERS OF REGULATORY BODIES?

Regulatory bodies are empowered, through provincial and territorial legislation, with the authority to prescribe:

- the form of application and classification for the day care service, documents and fees required for the licence;
- qualifications for the licensee and staff;
- conditions and standards of the facilities respecting health, fire, sanitation, safety, emergency procedures, space, equipment and furnishings, group and centre size, child/staff ratios, nutrition, programming, and record-keeping pertaining to administration, registration, and financing;
- funding criteria for subsidies to parents and grants to licensees.

Requirements in these areas may be detailed in the legislation, although more frequently they are found in regulations accompanying the legislation. In addition, requirements for licensing may also be described in policy statements or procedures manuals adopted by day care officials in each jurisdiction.

3.0 WHICH ARE THE REGULATORY BODIES IN CANADA?

In all provinces except British Columbia, day care licensing falls under the auspices of the province's social service department. (Prince Edward Island and Alberta have combined health and social service departments). In British Columbia, the Ministry of Health sets standards and has licensing authority, while the Ministry of Human Resources administers subsidies. Day care legislation does not exist in the Northwest Territories, although authority to approve centres or family day homes for subsidy purposes rests with the department of social services.

Nova Scotia, Quebec, Ontario, Manitoba and the Yukon each have enacted legislation specifically for day care. Newfoundland combines day care and homemaker services legislation. In New Brunswick, as in Saskatchewan, day care regulations come under the Family Service Act. In Prince Edward Island, Alberta and British Columbia, the legislation covers all child, social, and community care facilities, including services for adults and children, residential treatment facilities for mental health, special and foster care, and other services.

Members of regulatory bodies and their representatives comprise an array of professionals, including social workers, public health officers, public health nurses, fire inspectors, early childhood educators, child development specialists, community development workers, and ex-policemen. These persons function as inspectors, advisors, consultants or resource persons; some may be involved in direct service provision (inspectors, consultants), while others may be members of advisory groups or accreditation boards.

Administrative responsibility for day care is shared among health, social services, and education officials within the same department or interdepartmentally, making it difficult, in some cases, to develop an integrated policy. Also, regulations such as those requiring a "good and safe" environment or "appropriate training" permit some latitude in evaluation practices, rather than a single, unified approach.

Several recent studies have commented on the fragmented approach to child care policy and have proposed measures to overcome this problem. These studies include the report of the Ministerial Advisory Committee on Early Childhood and Family Education, May 1983, Newfoundland;[3] Study on Day Care, 1983, Prince Edward Island;[4] Situation Actuelle, 1983, Quebec;[5] report from the Canadian Mental Health Association, Saskatchewan Division, July 1980;[6] and a report by Social Planning and Research United Way of the Lower Mainland, Vancouver, B.C., February 1981.[7]

Regulatory bodies and policy makers must reconcile the needs of child care providers and consumers, and work within the established administrative framework for day care. Regulators are also limited by such things as the history of the development of child care services in their province or territory, prevailing economic conditions, and their government's social service philosophy or objective.

4.0 WHY REGULATE?

A child's right to good, protective care is the basis of all child care legislation. All too often, legislators and policy makers lose sight of the purpose of regulating. Giving way to political or bureaucratic expedience, they often forget that the standards they set must translate into comprehensive and practical regulations that foster good and affordable child care.

Certain general principles can be adopted to guide the design of an environment in which early experiences and optimal developmental opportunity occur. As Bettye Caldwell observes:

> Stripped of their emperical supports, these principal characteristics of a growth-fostering environment, may be stated as follows:

- ... an environment ensuring gratification of all basic physical needs and careful provision for health and safety;
- ... a relatively high frequency of adult contact involving a relatively small number of adults;
- ... a positive emotional climate in which the child learns to trust others and himself;
- ... the provision of varied and patterned sensory input in an intensity range that does not overload the child's capacity to receive, classify and respond;
- ... people who respond physically, verbally and emotionally with sufficient consistency and clarity to provide cues on appropriate and valued behaviour and to reinforce such behaviours when they occur;

- ... an environment containing minimal restrictions on exploratory and motor behaviour;
- ... the careful organization of the physical and temporal environment;
- ... the provision of rich and varied cultural experiences rendered interpretable by consistent persons with whom the experiences are shared;
- ... the availability of play materials that facilitate the co-ordination of sensorimotor processes;
- ... the cumulative programming of experiences that provide an appropriate match for the child's current level of cognitive, social, emotional organization.8

Ensuring the well-being of children is the primary reason for licensing regulations. Nevertheless, child care services may also be seen as:

- a resource for parents (allowing freedom of choice with regard to the type of service that will meet their unique needs, freedom from worry about their child's well-being, freedom to work, and to 'self actualize');
- a support mechanism for families, complementing their child-rearing functions and responsibilties as wage-earners;
- a vehicle for delivering services such as health care, nutritional supplements, parent counselling, and social services for low-income families; and
- a social policy tool designed to stimulate the economy and reduce welfare dependency.

In addition, a day care may also be regarded as an environment which promotes and welcomes parental involvement, supports family relationships, and collaborates with, assists and complements the child-rearing role and responsibilities of the parent. The result is the wholesome functioning of several elements - the child, the parent, the staff, the immediate environment and resource support (human and fiscal), and the ecosystem.

While none of these aspects of child care is independent, each requires a different emphasis in the regulation of child care services.9

A third aspect of child care regulations appears to be concern for caregivers. As in any work environment, regulation may be used to foster safe and productive working conditions, peer support, opportunity for professional development, performance evaluations, and monetary incentives.10

The objectives of child care and regulation of services, are usually stated in regulations concerning programming, reflect a concern for the well-being and development of the child. The criteria, which may be either vague or concrete, are summarized below:

- The physical, health and environment specifications and programming sections of the regulations in Newfoundland and Manitoba require flexibility and suitability of programming, promotion of overall development (physical, social, emotional and intellectual growth) according to age and developmental needs, and creation of an environment conducive to the health, safety and well-being of the child.

- In New Brunswick, the programming section specifies a positive, stimulating atmosphere in a structure conducive to the total development of the child, to strengthening of the family and to provision of a service to families.

- Nova Scotia requires daily programs to facilitate and stimulate intellectual, physical, social and emotional development appropriate to the developmental level of the child, and activities to encourage language development.

- Ontario, Saskatchewan, Alberta, British Columbia and the Yukon cite (in various ways) the need for varied and flexible programs to include group and individual activities; rigorous, or active, and quiet activities; development of fine motor, language, cognitive, and emotional skills; child-initiated and adult-directed activities; indoor and outdoor activities; and rest and nourishment.

Service orientation is implied repeatedly under several sections of day care legislation. For example, the provision of day care as a service to offer temporary care, guidance and supervision to children is incorporated in the section of definitions in Nova Scotia, Quebec, Ontario, Alberta and British Columbia legislation.

Often, concern for the physical and emotional protection of the child is emphasized under child management practices, most commonly referred to in the regulations as "discipline". Generally, concern for the child's health and safety is incorporated in all the provisions and conditions related to the physical plant or facility itself.

It follows that, by introducing policies and standards for activities which are believed essential to the protection and well-being of children, certain benefits will be derived:

- better programming will meet the needs of children and families;
- staff will be protected in the performance of their responsibilities;
- the use of internal and external resources will lead to more efficient services and cost-effectiveness.

Standards are a function of accountability on the part of an individual or organization providing the service:

> Standards specify the criteria against which the performance of persons, agencies or programs will be measured, and as such, must be expressed in precise, measurable terms. To have meaning as accountability measures, standards must be derived from the best existing knowledge and based on agreed upon definitions and precise measurements; they must be enforceable and enforced.11

What are the common aspects of licensing standards found in Canadian legislation? The criteria for licensing day care centres are discussed in section 5, and those for family day care, in section 6.

5.0 STANDARDS FOR DAY CARE CENTRES

5.1 Number of Spaces

It is estimated that nine per cent of all children requiring care are served by a total of 139 070 licensed spaces in day homes and day care centres: of the total number of spaces, 88.7 per cent is provided in day care centres. The total number of licensed full-time day care centre spaces, by province, is shown in Table 1.

Table 1

Distribution of Day Care Spaces by Province and by Age of Children Served

Center Spaces

Age of Children Served

Provinces	Under 2	2-6	6 and over
British Columbia	480	8 831	3 472
Alberta	1 733	18 437	2 813
Saskathchewan	-	2 613	494
Manitoba	-	5 532	1 875
Ontario	2 330	38 297	4 566
Quebec	3 370	19 984	723
New Brunswick	264	2 055	469
Nova Scotia	145	3 336	525
Prince Edward Island	-	313	-
Newfoundland	-	585	50
National Totals	8 322	99 983	14 987

Source: Status of Day Care in Canada 1983. National Day Care Information Centre, Health and Welfare Canada.

Note: The Yukon Territory has 432 spaces in centres, and 18 spaces in family day homes. Seventeen day care centres operate without regulation in the Northwest Territories.

5.2 Definitions of Day Care:

The definitions contained in the relevant legislation have been extracted and reproduced here in their simplest form by shortening or omitting superfluous words. Appendix A - "Synopsis of Licensing Conditions - Definitions" concentrates on two basic types of day care: day care centres and family day care.

Appendix A does not include all other terms separately defined in some legislation, i.e. terms such as "day care", "day care service", and "facility." Nor does it include different types of facilities defined in various acts. In addition to definitions of day care centres and family day care, for example, definitions of other categories of licences are:

Quebec:	stop over centre ('halte garderie') nursery school ('jardins d'enfant') school day care ('milieu scolaire')
Manitoba:	full-time day care centre part-time day care centre school-age day care centre occasional day care centre work-site day care
Alberta:	nursery school
British Columbia:	group day care (18 - 36 months) group day care (3 - 6 years) nursery school child-minding out-of-school care specialized day care

The same term may be defined differently in various provinces. The term "nursery school", for example, is defined in three provinces as follows:

Quebec: nursery schools ('jardins d'enfant')[12]

- Nursery schools receive at least 10 children from two to five years of age on a regular basis for up to three hours a day.
- They are not preschool care or care organized by school boards or a corporation of school trustees.

Alberta: nursery schools

- A nursery school is a facility providing care, development and supervision for more than seven children under age six for periods of three consecutive hours or less a day, for at least 12 consecutive weeks of the year.

- These programs are separate from programs operating under the Department of Education.

British Columbia: nursery school

- A nursery school provides care, and opportunity for social, emotional, physical and intellectual growth in a group setting for three or more children, 32 months of age to the age they enter school, for three consecutive hours a day.

Given the different types of facilities defined in each jurisdiction, and the various characteristics used to define each type of facility, a common system of classification of child care facilities cannot be developed. Similarly, there is no standard definition of "day care centre", and no concensus among the provinces and territories regarding those types of facilities that must obtain a centre licence. Whether a licence is required depends on the number of children being cared for in the facility. That number varies for day care centre facilities across Canada, as shown in Table 2.

Table 2

Number of Children Present in Facilities Requiring Day Care Centre Licence

Province	Number of Children[a]	
Newfoundland:	5 children or more	
New Brunswick:	4 or more infants, or 6 or more children aged 2-5	10 or more children aged 6 years and over, or 7 or more children aged 5 and under, or aged 6 and over
Prince Edward Island:	13 children or more	
Nova Scotia:	4 children or more	
Quebec:	10 children or more	
Ontario:	6 children or more	
Manitoba:	9 children or more, or 6 children or more under 6, or 4 children or more under 2	
Saskatchewan:[b]	4 children or more	
Alberta:	7 children or more under 6	
British Columbia:[c]	3 children or more	
Yukon:	7 children or more under 6	
N.W.T.	No regulation	

Notes: a Numbers include caregivers' own children in the facility.

b In Saskatchewan, a day care centre licence is required for any facility, except an approved family day care home, where care is offered to four or more children. An approved family day care home may have a maximum of 8 children, with no more than 5 under age 7.

c In British Columbia, a licence is required to operate a "community care facility" for 3 or more children. Community care facilities include nursery schools, group day care and family day care homes, which may have up to 7 children.

5.3 Sponsorship and Parental Involvement

Sponsorship of the day care service and parental involvement in administrative and advisory boards are mentioned in some regulations and legislation.

- New Brunswick: Non-profit centres require a minimum of 25 per cent membership by parents on the board.
- Quebec: The Act describes holders of permits for day care centres as cooperative associations, non-profit corporations (with a majority of parents on the board), municipal corporations, school boards, corporations of school trustees, individuals or public establishments.
- Saskatchewan: In defining "board of directors" of non-profit day care centres, cooperatives or societies, the Act requires that 50 per cent of the members be parents, and stipulates that all centres licensed after October 1, 1982 are to be non-profit operations.
- Alberta: Regulations state that the operator of a day care facility must be an individual resident, a partnership comprised solely of Alberta residents, a corporation controlled by Alberta residents and incorporated, a non-profit religious organization, or a corporation under the Canada Corporations Act.

Table 3, shows the distribution of licensed day care centre spaces and sponsorship of these spaces.

Table 3

Sponsorship of Center Spaces 1982 and 1983

Type of Sponsorship	1982 Spaces	1983 Spaces	Increase No.	Increase %
Public	5 977	6 800	823	13.77
Non-profit	59 075	66 759	7 684	13.01
Commercial	43 461	49 733	6 272	14.43
Total	108 513	123 292	14 779	13.62

Source: Status of Day Care in Canada 1983. National Day Care Information Centre, Health and Welfare Canada.

5.4 Health and Safety Standards

Ensuring a physically safe and healthy environment for children requires a facility free from fire hazards, with acceptable sanitation and adequate furnishings and equipment for children and staff. Such an environment maximizes positive effects on children and facilitates the care and supervision of children individually or in groups.

> Physical facilities and equipment... should not only meet requirements for health and safety but must facilitate carrying out a developmental program that meets the physical, emotional, social and intellectual needs... Sufficient spaces to dress and undress, eat and sleep, wash and go to the toilet, play indoors and outdoors, alone or in groups, rest quietly in case of sudden illness or fatique (are required).13

Day care services operate in a wide variety of facilities - the basements of private dwellings and churches, apartment buildings, condominiums or townhouses, shopping centres with concrete or pavement for outdoor play spaces, office buildings, schools, portable housing, prefabricated structures and facilities specially designed and constructed for day care. They also operate in cities, rural areas and remote northern areas. Some facilities are the product of a great deal of planning; others are not.

Legislation and regulations vary in terms of the precision in defining health and safety requirements. Various jurisdictions may make precise or ambiguous references to compliance with provincial or municipal fire, health, sanitation, building and zoning codes; equipment and furnishings; safety standards; suitability of equipment for the size and age of children; toxic and non-toxic finishes; and compliance with the Canada's Hazardous Products Act. Some of the topics commonly addressed are:

- fire: requirements for building materials and construction, fire exits, fire extinguishers, fire drills;
- health: ventilation, lighting, sanitation, temperature control, admission of children with communicable disease, reporting of communicable disease, provision of infant care; and
- safety: safe construction of equipment and furnishings; non-toxic and washable surfaces; compliance with Hazardous Products Act relating to toys, cribs, and car seats; storage of hazardous products; first aid kits; liability insurance for children and staff, on or off the premises.

Table 4 provides an overview of health, sanitation and safety requirements.

Table 4

SYNOPSIS: HEALTH, SANITATION, AND SAFETY REQUIREMENTS - CENTRES

Province	Fire/Health Regulation Compliance	Building/ Zoning Codes Compliance	Equipment & Furnishings Safety	First Aid Kit	Individual Washing Grooming	Provision for Infants[a]	Hazardous Products/ Firearms In access	Medical and Immunization Certificate	Liability Insurance
Newfoundland	X	X	X		X		X	X	Minimum $500 000
New Brunswick	X	X	X[b]	X	X	X	X	X	X
Prince Edward Island	X	X	X	X	X			X Immunization only	Minimum $500 000
Nova Scotia	X	X	X	X				X	X
Quebec	X	X	X	X	X	X	X		
Ontario	X	X	X	X	X	X	X	X Immunization only	X
Manitoba	X	X	X[b]	X	X	X	X		X
Saskatchewan	X	X	X	X	X	X	X	X	X
Alberta	X	X	X[b]		X	X			X
British Columbia	"Ventilation, light, sanitary facilities satisfactory to Health Officer."		X	X	X	X	X		X
Yukon	X	X						X and T.B. Test	X
Northwest Territories	No regulation at present, each facility varies.								

Notes: Refer to individual provincial/territorial summaries.

[a] Provision for infants means cribs/changing tables, etc.
[b] Refers to inclusion of Hazardous Products Act.

Table 4

Applicants for day care centre licences usually are required to provide the following:

- compliance with provincial fire and health regulations and, where applicable, municipal building and zoning codes;14
- floor plan and emergency evacuation plan;
- proof of liability insurance coverage where required; and
- a statement describing the number of staff and their qualifications.

Some of the more general, common requirements are as follows:

- posting of licences (Newfoundland, New Brunswick, Nova Scotia, Quebec, Ontario, Manitoba, Alberta, British Columbia);
- posting near a main telephone of emergency numbers for fire, police, ambulance, parents and hospital; (Manitoba requires that information on health insurance for each child be taken on every outing away from the centre.);
- fire evacuation plan and fire drills carried out routinely by all staff (Newfoundland, New Brunswick, Nova Scotia, Ontario, Manitoba, Alberta, British Columbia);
- furnishings and equipment that are "safe, well maintained, free from hazards and suitable to the age and development level of children in care" (New Brunswick, Nova Scotia, Ontario, Quebec, Manitoba, Alberta, British Columbia, Saskatchewan);
- administration of medication to a child to be carried out only on written permission from parent and as prescribed in writing by medical practitioner; proper labelling of contents, child's name, record of administration and storage in inaccessible area (New Brunswick, Nova Scotia, Ontario, Quebec, Manitoba, Alberta);
- reporting of communicable disease, i.e., notification of medical health officer and parent within 24-hour period (Some regulations specify the number of hours; others are ambiguous), and isolation of the sick child in jurisdictions other than Prince Edward Island and the Yukon;
- individual grooming, bedding and washing materials for each child (Newfoundland, New Brunswick, Manitoba and Saskatchewan);
- provision of proper diapering facilities. Changing tables close to washbasins and covered diaper receptacles are specified in New Brunswick, Ontario, Manitoba and Saskatchewan;

- prohibition of smoking in areas used by children in centres in Prince Edward Island, New Brunswick, Ontario, Quebec, Manitoba, Saskatchewan, Alberta and British Columbia. (Quebec extends the prohibition to alcohol and drugs.);
- health certificates indicating the child's health status or proof of immunization in all but Newfoundland, Quebec, Manitoba and Alberta. The Yukon requires T.B. tests as well; and
- the storage of hazardous products in a locked area, or area inaccessible to children, in most provinces.

Less common features are:

- the use of television as an educational program activity under the supervision of staff, mentioned in Newfoundland and Quebec regulations;
- conditions for the use, supervision and cleaning of wading pools in New Brunswick and Quebec regulations;
- prohibition of hot beverages in the children's play area (Manitoba);
- restrictions concerning use of space above second storey, or accessible only by ladder (except for loft space), or requirement that young children be cared for only on ground floor or below second storey, in Newfoundland, Nova Scotia, Ontario, and Alberta;
- temperature control at 20°C (Quebec and Ontario forthcoming);
- artificial lighting in windowless areas (Quebec - forthcoming - and Ontario). Regulations in most jurisdictions use references such as "well ventilated and lighted and free from odors";
- use of smoke alarms and fire extinguishers in New Brunswick, while Newfoundland requires that a facility be "reasonably secure against the hazards of fire";
- "suitable flooring" (terrazo, concrete, ceramic tile or wall-to-wall rug are not acceptable) in Quebec - forthcoming in October/85;
- prohibition of janitorial duties while children attend the centre, and detailed requirements for the cleansing of eating and drinking utensils in Saskatchewan;
- Quebec requires that all animals be kept in cages or aquariums and not be allowed in kitchens, while Ontario requires that pets be immunized against rabies.

Provisions for the care of infants vary a great deal, although most provinces do specify some provisions for infants:

- quiet, separate rest areas for infants (New Brunswick, Alberta)
- cribs for infants under 18 months (New Brunswick, Quebec, Ontario, Manitoba and Alberta)
- changing or diapering surfaces of impervious material (New Brunswick, Quebec, Ontario, Saskatchewan, British Columbia)
- no child under 19 months to be left unsupervised on raised, unprotected surface (Alberta)

No research was undertaken on assessment guides or evaluation tools used by facility inspectors. These would likely vary, as do the regulations. Some regulations define requirements precisely, whereas others use terms such as "adequate", "suitable", and "well maintained", which can be determined only by subjective evaluation. These latter terms imply a common and specific understanding, although it cannot be assumed that licensing inspectors and day care consultants will interpret them uniformly.

It has been said that "the day care establishment... insists upon certain strict fire and safety standards in buildings... On the whole, the demand is for better services than the average middle class child receives at home."[15] Also, "some centres spend so much of their funds meeting physical requirements that there is no money left over for the development of their day care program."[16]

It should be noted that the physical requirements of facilities do not include provisions for the removal of physical barriers to handicapped youngsters. New Brunswick, Prince Edward Island, Ontario, Saskatchewan and British Columbia do, however, specifically incorporate measures for the integration of special needs preschoolers in sections of the regulations concerning programming, staff qualifications and child/staff ratios.

5.5 Space, Maximum Centre Size and Group Size

The National Day Care Study in the U.S.A. observed that more desirable child behaviours were associated with smaller group size. The number of children cared for in a group was identified as the most powerful and pervasive factor related to measures of quality. "Children in groups of 12 with two caregivers performed in a consistently superior manner to children in groups of 24 with four caregivers."[17]

A smaller group of children permits more individualized attention, and increases the possibility that caregivers may be able to manage activities more effectively and encourage independence, self assertion, problem solving, sharing and cooperative friendliness. It seems reasonable that free, unencumbered space facilitates children's interactions with their environment and with caregivers. Greater availability of space also allows greater freedom to move about, and promotes harmony among children and staff, avoiding problems caused by overcrowding.[18]

A review of Table 5 indicates the means by which the concern for adequate space and individual and group activity indoors and outdoors is expressed in regulations.

Table 5

SPACE AND GROUP SIZE REQUIREMENTS - CENTERS

PROVINCE	INDOOR	OUTDOOR	MEASUREMENT OF INDOOR SPACE	MAX. CENTER SIZE	MAX. GROUP
NFLD	3.3^2 (35.5 ft^2) and 2.3^2 (25 ft^2) sleep & isolation area.	Safe, sanitary, suitably surfaced and drained easily supervised play space.	Excludes kitchen, entrances, hallways, staffroom, storage, bathrooms, office. In centres located at subterranean level - a separate sleep/isolation area.	50	-
N.B.	(3.25m^2) 35 ft^2	4.5m^2 - Sufficient safe space to accommodate 50% of children in the center - fenced if adjacent or within reasable walking distance.	Excludes hallways, washroom, lockers, kitchen.	60	<2 yrs.-9 . 2 yrs-10 3 yrs.-14. 4 yrs-20 5 yrs.-24. 6 yrs-30 7-12 yrs-30
P.E.I.	(3.25m^2) 35 ft^2	(7m^2) 75 ft^2	Excludes kitchen entrances, hallways, storage, bathrooms, office, staffroom.	-	Infants-3/35 Mixed Age 2 yrs-10 Und.3-12 3-4 yr.-30 Over 3-33 5-7 yr.-36
N.S.	2.75m^2 - 30 ft^2	(5.5m^2) 60 ft^2 (fence 1.5m (4 ft) high)	Excludes kitchen hallways, cloakrooms, offices.	-	No more than 25 ch. in one room at one time
QUE. (1)	<18 mos: 4m^2 (43 ft^2) >18 mos: 2.75m^2 (30 ft^2)	4m^2 (43 ft^2) (fence 1.2m (4 ft) high) unless loc within 500m from ctr.	Excludes "service" and "traffic" areas.	60	Under 18 mths - max. 15 ch. in ea. room 18 mths. and over - max. 30 in ea. room
ONT.	(2.8m^2) 30 ft^2 and 250 ft^3 of air space	5.6m^2 min. 1.2m high fence with secure gate	(Unobstructed space)	-	Under 18 mths - 10 18-30 mths - 15 31 m - 5 yrs. - 24 6-9 yrs. - 30 spec. prov. for hdcpd.
MAN.	(3.3m^2) 25 ft^2 (2.3m2 sleepg.)	(7m^2) 75 ft^2 fenced with 50% grass	Free and usable space.	70 Occas. d.c. varies	Max. 2 groups in each room accdg. to ratios.
SASK.	Pre-school: (3.25m^2) 35 ft^2 School age: (2.3m^2) 25 ft^2	Suitable, safe outdoor play space adjacent or within walking distance	Useable floor space	60	Centers with mixed age grps. req. sep. for ea. group
ALTA.	3m^2 (32.5 ft^2)	<19 mos: 2.5m^2 (23ft^2) 19 mos-6 yrs: 4.5m^2 (48 ft^2) Fenced and secure	Excludes stairwells, storage, staffroom, kitchen, office. Includes hallway and 1/2 of washroom. Ceiling not less than 2.3m (25 ft.) high.	80	0-18 mths. - 6 19-35 mths. - 10 3-4 yrs. - 16 >5 yrs. - 20
B.C.	3m^2 (32.5ft^2)	7m^2 (75ft^2) Fenced	Excludes hallways, built-in storage, bathrooms.	Group I - 75 Group II - 36 (under 3)	Grp. I - 25 Grp II - 12
~~YUKON~~	~~4m^2 (43 ft^2) net~~ floor space; 2.3m (25 ft) ceiling	~~5m^2 (54 ft^2)~~	~~Includes areas used for play, eating, activity and sleeping~~	-	-
N.W.T.	No regulations in place				

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NOTE: Adapted from National Day Care Information Center - Provincial Day Care Requirements September/1982

Indoor space requirements range from 2.7 m2 (30 ft.2) per child in Nova Scotia and Quebec, to 4 m2 (43 ft.2) per child in the Yukon. Most measurements of indoor space exclude hallways, bathrooms, kitchens and storage.

Outdoor space is usually required either adjacent to the centre or within reasonable walking distance for children. Requirements vary from no specification, to 7 m2 (75 ft.2) per child in British Columbia, Manitoba and Prince Edward Island. Some provinces specify that an outdoor space be

- well maintained and secure (New Brunswick)
- safe and sanitary (Nova Scotia)
- safely fenced, surrounded by grass or sand (Quebec)
- adjacent to premises, fenced and secured by gates (Ontario)
- safely accessible if it is not adjacent to premises; otherwise space must be fenced and 50% of the surface must be grass (Manitoba)
- fenced if surrounding environment is potentially hazardous (British Columbia).

Maximum centre size ranges from 50 children in Newfoundland to 80 in Alberta. Prince Edward Island, Nova Scotia, Ontario, British Columbia and the Yukon do not specify a maximum centre size.

Group sizes are difficult to compare across all jurisdictions because of differences in the age categories used in regulations. Some comparable examples are as follows:

- maximum of 6 children under 18 months in a group in Alberta, to a maximum of 15 children under 18 months in a group in Quebec;
- maximum of 14 three-year-olds and 20 four-year-olds in a group in New Brunswick; maximum of 30 three-to-four-year-olds in Prince Edward Island and 30 children 18 months and over in Quebec.

Aside from the differences in space requirements and group size, each of the provinces and territories uses a different age grid. For example, the age of infants is defined variously as "under 18 months", "two years of age", "30 months" and "36 months".

Space, group and centre size, and child/staff ratios are probably the simplest, most concrete measurable standards contained in the regulations. However, there appears to be little consistency of requirements from province to province.

5.6 Child/Staff Ratios and Staff Qualifications

It is difficult to consider staffing ratios separately from staff qualifications. Adherence to ratio requirements does not guarantee better quality of care or quality of relationship between child and caregiver. The following points should be borne in mind.

- "Every baby needs continuity of care from a person sensitive to the individuality of the baby" (Pittman, 1981).
- "Individualized caregiving during the day is more likely than multiple caregiving to foster attachments that will bring the child comfort and security in times of stress.... Scheduling of staff must reflect this commitment to continuity and consistency of quality care" (Rutter, 1981).
- The National Association for the Education of Young Children (U.S.A.) postulates that the primary criterion of the effectiveness of quality of child care programming is related to the caregivers' training in child development.
- "Although neither years of formal education nor experience alone are indicators... when taken together with child development theory and practical understanding of the needs of children, the benefits to children, families and communities were more predictably linked to styles of positive social interaction and cognitive gains by children" (National Day Care Study, Travers and Raupp, 1978).

In the long run, effective child care is cost-effective, since the child is nurtured in a more wholesome environment. Appropriately trained caregivers have a better chance at job satisfaction. A smoothly functioning, supportive caregiving environment satisfies parents' desires for reliable care, thus freeing them from worry and permitting them to work more productively in their own workplace. Ideally, the child is raised in an atmosphere with effectively functioning adults as models.

Those in leadership positions operating and administering the day care service require the training and experience to enable them to guide other adults and volunteers, and to relate to parents.

Staff stability is also an issue of concern (Fowler and Khan 1975; Tizard and Reeze 1975), as is the impact of male staffing in gender role identification and conscious development processes (Lynn 1974; Hetherington and Parke 1975).19 Work environments are important to staff to prevent burn out and the dehumanization of day care work, which are effected by job load, hours worked, child/staff ratio, pay, staff-parent relationships, peer support, and continuous contact with children.20 All of these factors are closely linked to and influenced by available funding.

The integration or translation of formal training in the guidance of activities and behaviour of young children is critical. "The single most significant factor in any discussion of staffing probably does not concern the gender or training of adults, but rather what they do while working."21

It may be relatively easy to itemize the types of formal qualifications or accreditation of staff; however, the effectiveness of trained staff in relating to children and parents is subject to personality traits of the caregiver, and therefore is difficult to measure. The coordinator of the National Day Care Information Centre, Howard Clifford, has said that the "convincing evidence of the necessity for having trained staff is simply to observe a trained staff in operation as compared to a non-trained staff." Differences may be perceived by a trained, knowledgeable observer, but what of licensing inspectors not trained or familiar with child development needs or early childhood education?

Associations of caregivers, paraprofessionals and professionals struggle continuously with issues of equivalency, accreditation, or competency-based assessment. Despite this problem, a scale based on competency does not appear to have been developed in any of the provinces.

An examination of Appendix B illustrates the diversity of ratios and qualification standards required by provincial regulations.

Ratios

While the provinces and the Yukon have designated child/staff ratios, a comparison of ratios is not made in this discussion because of the different categories of care, the lack of consistent age grouping, and various models of determining ratios, either by full- or part-time programs or purely by function of age (or mixed-age groupings).

Staff Qualifications and Training

The most consistently-required qualification appears to be the need for a recognized first aid certificate.

- Prince Edward Island, Alberta and British Columbia require at least one staff with certificate.
- Newfoundland, Nova Scotia and Quebec require that all staff have first aid basic knowledge.
- Ontario requires first aid for those working with the multi-handicapped.
- Manitoba requires that all staff have first aid training.

Several provinces also set a minimum age: 16 years in New Brunswick, Alberta, Saskatchewan; 18 years in Manitoba and the Yukon. In Alberta, no person 18 years old can be solely responsible for children. The remaining provinces do not specify a minimum age.

Health certificates are another common requirement. Also, the requirement of "suitable physical and mental health and capable of working with children" is frequently cited.

Some provinces (Newfoundland, New Brunswick, and Saskatchewan) require that staff be willing to take training at an accredited program or through in-service training. Specific training or qualifications in early childhood education or in an accredited child care program are required as follows:

Prince Edward Island	All operators (by January, 1987) and full-time staff (by January, 1990) are to have a university degree or academic training in basic early childhood education, from an approved agency.
Nova Scotia	The administrative officer of a day care centre and one-third of the program staff are to have early childhood education training or the equivalent by April, 1987. By April, 1989, two-thirds of staff are to have training. Equivalent status is Grade 12 plus a minimum of two years experience in a licensed facility, plus two full credit courses in early childhood education and 25 hours of seminars or workshops.
Quebec	Quebec has established an equivalency scale. One in every three staff is required to have a college diploma, certificate or university degree in day care science, preschool education, psychology or an appropriate field; or three years' relevant experience working with groups of preschool children. (By 1988, the experience qualification will, in addition, require a certificate in the study of day care science.)
Ontario	Ontario has an equivalency scale. The supervisor of a centre is required to have an early childhood education diploma and two years working experience in a nursery with similar age levels. One employee in each group must have an early childhood education diploma or equivalent (approved by the director). Integrated centres for handicapped children require one person with early childhood education or the equivalent for each group of children, and a resource teacher with training related to special needs. Centres are required to have written policies and procedures for staff training and development.
Manitoba	The director of a centre must have child care worker certification (CCW III), that is, a diploma, degree or the equivalent in an area relevant to children, plus one year's experience. Staff must have CCW II (approved certificate or the equivalent in an area relevant to children) or CCW III (as above) as part of a phased-in plan effective October, 1986. Equivalent qualifications are not specified in the regulations.
Saskatchewan	All employees are required to have followed a training program as prescribed and by the date fixed by the director, although program content is not specified in the regulations.

	Persons with courses in day care or a related field may apply to the director to have qualifications assessed in relation to prescribed training.
	Staff working with handicapped children must have appropriate training, knowledge and skills.
British Columbia	Four categories of child care supervisors are described ("group", "senior", "under three", and "preschool"), each with basic minimum training approved by the provincial child care facilities licensing board, and experience in preschool programming or letter of qualification or registration under these designated categories.

An assessment of requirements for staff qualifications would be premature without first completing an in-depth review of qualification rating scales and equivalency criteria, and comparison of the various training programs offered at community colleges and established in-service training programs. Typically, the department responsible for day care licensing and regulations concerning staff qualifications is not the department responsible for post-secondary school education. Inter-departmental co-ordination of requirements for staff qualifications and development of programs for child care workers occurs in many jurisdictions.

5.7 Programming

All regulations seem to emphasize the need for "activities suited to the age and developmental needs of children in order to promote the social, emotional, physical and intellectual development of children." For the most part, regulations stress the need for indoor and outdoor activity, for quiet individual play and for group play. Newfoundland and Quebec mention the use of television in programming. Some provinces, including Newfoundland, New Brunswick, Ontario, Saskatchewan and the Yukon, emphasize the involvement of parents and their awareness of centre activities.

Child protection practioners know prevention of child abuse is as much a function of education as it is regulation. Regulations attempt to prevent abuse of children in the day care environment, usually by prohibiting some forms of discipline. For example, a typical regulation may state "physical and corporal punishment and isolation are prohibited."

- New Brunswick and Manitoba prohibit physical punishment and describe it in detail - striking, shaking, spanking, harsh degrading measures, verbal or emotional punishment. Ontario adds "deprivation of or omission of meals, clothing, bedding."
- Prince Edward Island and Newfoundland forbid corporal punishment and isolation.
- British Columbia and Alberta regulations state that "discipline should correspond with that of a kind, firm and judicious parent."
- Only five provinces require the reporting of child abuse or neglect (New Brunswick, Ontario, Manitoba, Saskatchewan and Alberta).

- No mention of child management practices is made in either Nova Scotia or Yukon legislation.

5.8 Nutrition

Whereas some legislation explicitly bases the number of meals and snacks provided on hours of attendance (New Brunswick, Nova Scotia, Ontario, Saskatchewan and British Columbia), others contain broad statements such as "nutritious meals and snacks", and "of adequate quantity and quality." Appendix C describes the legislation and regulations in more detail.

The preparation of menus and food by a knowledgeable person (or supervised by one) is required in Newfoundland, New Brunswick, Prince Edward Island, Nova Scotia, Manitoba (the latter only for infants under 12 months), and Saskatchewan.

Adherence to guidelines contained in Canada's Food Guide is required in the regulations for Newfoundland, New Brunswick, Prince Edward Island, Quebec and British Columbia.

Some provinces require that bottle-fed infants be held during feeding (New Brunswick, Prince Edward Island, Manitoba and Alberta). Saskatchewan regulations outline specific and detailed requirements with regard to the exclusion of kitchen assistants affected by colds and skin infections, and the cleansing of eating and drinking utensils.

6.0 STANDARDS FOR FAMILY DAY CARE

6.1 Number of Spaces

Family day care represented 11.3 per cent of the 139 070 licensed spaces in Canada in 1983. This figure is an increase of about 1300 spaces from the previous year (9.3 per cent of the total increase of 15 000 licensed spaces, whereas centre spaces increased by 12.6 per cent).22

Tables 6 and 7 indicate the distribution of spaces, by age grouping and by province, in 1983.

Table 6

Ages of Children Registered in Day Care Centres and Family Day Care Homes, 1983

Ages	Centres		Family Day Care	
	Number	Per Cent	Number	Per Cent
Under 2	8 322	6.75	8 056	51.06
2 to 6	99 983	81.09	5 001	31.70
6 and over	14 987	12.16	2 721	17.24
Total	123 292	100.00	15 778	100.00

Source: Status of Day Care in Canada, 1983, National Day Care Information Centre, Health and Welfare Canada.

Table 7

Interprovincial Comparison of Day Care Spaces

Provinces	Centre Spaces	Family Day Care Spaces
British Columbia	12 783	2 818
Alberta	22 983	3 159
Saskatchewan	3 107	1 404
Manitoba	7 407	1 239
Ontario	45 193	5 889
Quebec	24 077	1 182
New Brunswick	2 788	-
Nova Scotia	4 006	68
Prince Edward Island	313	19
Newfoundland	635	-
National Totals	123 292	15 778
139 070	88.7%	11.3%

Source: Status of Day Care in Canada, 1983, National Day Care Information Centre, Health and Welfare Canada.

Infant spaces were proportionately higher in family day care than in centres. On the whole, of the total number of licensed spaces available in each province, 31%, 18% and 14% were allocated in family day care in Saskatchewan, British Columbia and Manitoba respectively.

6.2 Categories of Family Day Care

There are three general types of licensed or supervised family day care.

1) Licensed Family Day Homes - These are independent homes or operators providing day care services to a set number of children. The homes are not associated with an agency, and generally receive irregular inspection visits. Usually, this type of care falls between the numbers allowed in family day homes approved by an agency, and the number at which a facility becomes a "centre." Licensed family day homes operate in New Brunswick, Manitoba, Saskatchewan, Alberta, British Columbia and the Yukon.

2) Licensed Family Day Care Agencies - These are non-profit societies, corporations or private individuals that develop a project to approve a number of individual homes and home day care providers under their sponsorship. These agencies receive a licence or sign a contract with the provincial government once it approves their proposal to deliver day care services to families, and to recruit, select, train and monitor home providers registered with them. Agencies form part of the service continuum in three provinces: Quebec, Ontario and Alberta.

3) Approved or Registered Family Day Homes - The homes in this category may be approved through a provincial government day care office for the purpose of authorizing subsidies for child care. The homes are screened in a variety of ways (mostly subjective appraisal) by social workers. Approved or registered family day homes are found in several provinces, as follows:

   - New Brunswick - Parents qualifying for subsidy recommend to the minister that a home be approved. If the minister or his representative is satisfied that the family day home meets the requirements, a certificate is issued.

   - Prince Edward Island - The province does not define family day home in the regulations, but reference to it is made in the "Guidelines to Legislation." No further information was available to the author.

   - Nova Scotia - Homes are approved jointly by the provincial director of day care and the family day care program supervisors in two projects.

   - Manitoba - "Private home day care" is specified in the regulations, separate from "family day care homes" (which are licensed). A license is optional, and there are fewer children in a caregiver's care than in the licensed day care home. Requirements are similar to those for licensed homes if a license is desired.

   - British Columbia - "Unlicensed family day care" operates under the Ministry of Human Resources (unlike all other day care licensing categories). Parents locate a caregiver and recommend to the local social service worker that the home be approved. Approval is made at the discretion of the social worker. (Three pilot projects are currently under way in British Columbia utilizing the family day care agency model.)

There is no legislation in the Northwest Territories for either day care centres or family day care. However, family day homes do provide services to families in Yellowknife under the auspices of the Y.W.C.A., using Alberta's satellite family day home system as a model for screening and approving homes. To what extent the Alberta guidelines apply is not known.

Because of time and information limitations, procedures used to screen and monitor licensed homes are not reviewed here, nor are requirements for approved or registered homes. It should also be noted that unlicensed care arrangements are not included in this discussion.

6.3 Licensed Family Day Homes

Licenced family day homes are defined in a number of ways, including specifications for the number of children in care.

New Brunswick: (a) Community day care home - a maximum of 3 infants; or 5 children 2-5 years; or 9 children 6 years and over; or 6 children 5 and under, and 6 and over, including the provider's own children.

(b) Family day care home - a maximum of 2 infants; or 4 children 2-5 years; or 5 children over 6 years; or 4 children 5 years and under, and 6 years or older, including provider's own children.

Manitoba: (a) Family day care home - up to 8 children, with no more than 5 children under 6, and 3 children under two.

(b) Group day care home - 8 to 12 children, with no more than 3 children under two.

Saskatchewan: Family day care home - maximum 8 children ranging from 6 weeks to 12 years, including provider's own children with no more than:

- 5 children 6 weeks to 6 years old
- 2 children under 30 months
- 3 children 6 weeks to 30 months

Alberta: Family day care home - more than 3 and less than 7 children under 6 years, including operator's own children, no more than 4 children under 2 years.

British Columbia: Family day care - more than 3 and a maximum of 5 children and 2 school-aged children at one time, including all children under 12 living or cared for in a facility, with no more, at any one time, than:

- one child under 12 months,
- 2 children under 24 months.

Yukon: Family day home - more than 4 children, but no more than 7 children, up to 6 years, including provider's own children.

Physical requirements for licensed family day homes concentrate on fire precautions, sanitation, supervision and health of the child. Table 8 provides an overview of the requirements. Regulations, for the most part, are not precise or clear. An analysis of how the regulations are implemented would better reveal the level of service furnished by licensed family day homes across Canada.

6.4 Family Day Care Agencies

Three provinces (Quebec, Ontario and British Columbia) have established programs under which the provincial government signs a formal agreement with the sponsoring body once an agency has satisfied the conditions for receiving a licence. British Columbia's three pilot projects, embraced in the Family Day Care Support Programs, will not be examined because information was not available.

1) Quebec: Home Day Care

- Home day care is referred to as "service par une agence". Procedures to establish an agency are currently under review by the bureau (l'Office des services de la garde) in Quebec.
- A home day care agency functions as the service planner, promoter, administrator and supervisor of homes. It offers technical and educational support to the individual care providers under its umbrella, and disseminates information about its services to the community.
- The maximum number of children in homes is no more than four, including the caregiver's own, or no more than nine children if another adult helper is present.
- Home providers receive training opportunities, liability insurance coverage, and use of a toy and equipment lending library.
- Information regarding specific physical, health, and safety requirements was not available at the time of writing this report.
- Forthcoming changes to the guidelines for approval of an agency relate to sponsorship and funding:
  - An agency will be required to operate as a discrete entity separate from a day care centre or a social services agency.
  - It will be controlled by its own separate administration and a committee with parents as the majority of members.
  - Agencies will, in the future, be restricted to certain geographical boundaries, and will be required to provide a minimum number of spaces.
  - Agencies will be eligible for a $5 000 start-up grant, in addition to a $2-a-day operating grant.

2) Ontario: Private Home Day Care

- An agency is defined as a person who provides private home day care at more than one location.

Table 8

LICENSED FAMILY DAY HOMES: LICENSING REQUIREMENTS

	Fire/Health and Other Regulations	Equipment/ Toy Safety	First Aid	Miscellaneous	Hazardous Products/ Out of Reach	Child's Health Certificate & Immunization	Qualifications	Nutrition	Programming
N.B.	a) Smoke alarm/fire extinguisher; non-restrictive atmosphere; 2 fire exists; telephone	Hazardous Products Act	X	Supervision of wading pool	X	No admittance if communicable disease	Ability to understand needs of children; Aware of community services	Infant feeding on parent instructions; Canada Food Guide	Parent authorization for emergency medical service and off-premises transportation; discuss activities with parents; report child abuse; no corporal/emotional punishment
	(b)						Good working health & good suitable character; aware of community services		
Man.	a) Authorized inspection; smoke detector; fire extinguisher; liability insurance	Hazardous Products Act	X	No smoking; supervise children at all times		No admittance if communicable disease	18-year-old minimum; personal assessment completed; first aid course; commitment to continuing education		Independent & cooperative activities; no physical or verbal abuse
	b) Same as above	Same as above					2 references; Same as above		Report suspected child abuse
Sask.	Conform to local health standards; public liability insurance; safe outdoor play space	X	X	Telephone	X	Medicines administered only on parent's consent	Character reference; sound medical/mental health & T.B. tests; minimum 18 years; consult parents	Meal nutritional requirements of child	Discuss hygiene, health, discipline & program with parents; corporal punishment & isolation prohibited
Alta.	Authorized inspection for health/fire indoor/outdoor space (same as centres)	Hazardous Products Act	X	No smoking	X	Medicines administered only on parent's consent; standards to be developed with parents	No person under 18 to have sole responsibility for children	Balanced meal & snacks of adequate quantity/quality; same as centres	Provide for all types of activities (same as centres); discipline as kind, firm, judicious parent
B.C.	Established health program; liability insurance	X	X	Telephone	X	No child kept over night or more than 10 hours	Responsible adult at all times; Health certificate & T.B. tests	Canadian dietary Standards	Coordinated set of activities based on individual needs of children; discipline corresponds to that of kind, firm, judicious parent
Yukon	Not specified in regulations								

Note: The absence or failure to mention does not necessarily mean such conditions are not in place.

- The number of children cannot exceed 5 under six years, including the provider's children, and should not exceed 2 handicapped children; 2 children under two; 3 children under three; one handicapped child and one child under two; one handicapped child and two children under three.

- Requirements of the agency:

  - The agency must employ one full-time visitor for every 25 homes.
  - Home visitor qualifications are a post-secondary program of studies in child development and family studies, 2 years' work experience with children, and a medical certificate of health and immunization.
  - The agency must have written policies for staff training and development.
  - Care must not exceed 24 consecutive hours.

- Requirements of the private home day care operator:

  - Physical conditions of the residence, nutritional standards and programming activities as well as child management practices are specified.
  - The operator is required to undergo health assessment and immunization, and must enter into a written agreement with the agency.

3) Alberta: Satellite Family Day Home System

- This term refers to a provincial network of family day home projects operating under the terms and policies set forth by the provincial government day care branch.
- A sponsoring agency acts as the administrator of a project, submits a project proposal, and, upon being assessed and approved (according to a detailed list of criteria), enters into a contractual agreement with the province that must be renewed annually.
- A satellite family day home is a private residence approved by the sponsoring agency to provide care for a maximum of three preschool children other than the provider's own children, but no more than five preschoolers, including the provider's children, under 14 years of age, with no more than three under three years.

- Requirements of the sponsoring agency:

  - The project coordinator must have knowledge of early childhood development, be open-minded and have good judgment, and organizational, planning and supervisory skills.
  - The home visitor must have practical knowledge of child development and the ability to supervise and train family day home providers.
  - The project coordinator may supervise a maximum of 20 homes, but if also responsible for a program where homes exceed 45, may supervise a maximum of 7 homes; home visitors supervise a maximum of 35 homes.

  - The agency provides liability insurance coverage for providers, a toy and equipment lending library, and training and back-up service for less than three hours of care.

- Requirements of home providers:
  - Providers must be at least 18 years old, without a criminal record or evidence of addiction or mental illness. The provider must also be physically and emotionally capable of caring for young children.
  - Child management and reporting of abuse are the same as in centres.
  - Nutrition must be provided according to Canada's Food Guide.
  - The home must be safe, warm, clean, well-lighted and ventilated, and free from hazards.
  - The child's immunization must be up to date.

Family day care under agency sponsorship has the following characteristics:

- A great deal of pre-service planning is required, including a community needs survey, a program plan for the hiring of staff and setting of staff qualifications, and a program plan for the screening, selection, and monitoring of individual homes.
- General liability insurance is a condition of licensing the agency, and providers are required to obtain some form of insurance coverage.
- Physical, health and safety requirements in the home are given special attention.
- Concern for the child's health care is evidenced by the health statement requirement and by administration of medication only with parental consent.

Family day care under agency sponsorship is gaining more prominence as a recognized and valuable service accountable to families, but little information has been collected in Canada on this type of care. Even less is known about how closely agencies are monitored by government inspection, how they are assisted through consultation service, or how they are evaluated in terms of effectiveness and performance in the supervision of quality care in the homes.

7.0 TRENDS IN LEGISLATION

Several trends or common themes emerge from the legislation:

1) Legislation in provinces in the same region exhibit a regional influence and similarity in wording, particularly in the areas of age grouping, programming requirements, child management practices, and physical environment requirements.

2) Concern for the physical safety of children is demonstrated in regulations governing the design of play environments for youngsters, including space requirements, and safety standards for toys and equipment.

3) Concern for the physical and verbal treatment of children is typified by regulation of child management practices.

4) There is increasing interest in family day care services as an alternive form of care, particularly for infants, as well as support for a variety of family day care environments. There is particular interest in the agency model of family day care, sponsored by community groups.

5) There is increased participation of parents on advisory or administrative boards, and more encouragement of their involvement in discussing and determining health, nutrition, and programming policies in day care centres and family day homes.

6) Support and encouragement for better-trained or accredited staff is evident.

7) Pre-planning of programming goals and objectives, staffing requirements, and budget projections is frequently required, along with a community needs assessment by the day care facility operator prior to being granted a licence.

8.0 CONCLUSION

Two central questions arise from the foregoing discussions: would uniform national standards improve the level of care?, might the federal government be more effective than the provinces in setting enforceable minimum standards? In view of our present knowledge of the system, response to either question would be inconclusive and premature. However, several important points can be made.

First, introducing another level or layer of regulation may well create jobs, but might significantly lower prevailing standards. National standards could not be more rigorous than present provincial or territorial ones, which are, in effect, minimal requirements rather than optimal ones.

The cost of surveillance might be prohibitive. More important, formulating national standards would entail a tremendously costly and lengthy consultation process; when consumers, professionals and politicians cannot agree on basic points, such as the definition of "infant", or precise safety features desirable in a day care facility, how would a consensus on uniform standards be reached?

Under existing standards regulations, it is evident that some centres will always operate below acceptable levels, some will hover consistently just at the minimal level, and others will be exemplary. From a policy perspective, the alternatives are to spend a great deal of money to create a limited number of excellent facilities accessible to a minority; or to use the same funds to create greater numbers of less sophisticated facilities, accessible to a greater number of consumers. The questions of quality and quantity in the context of ambigious and divergent standards is a difficult problem on which purists and pragmatists refuse to compromise.[23]

Close examination of other federal legislation in Canada, such as the Canada Assistance Plan or the National Fire Code of Canada, and their effectiveness, may provide strong arguments against setting national standards in light of existing federal and provincial or territorial jurisdictional problems.

Second, the diversity of services and facilities is a reflection of the diversity of social conditions. Scientific evidence collected to date does not indicate that one type of care is more beneficial for a child than another. There is sufficient evidence to indicate that regulating certain tangible characteristics of care does not directly yield a good match between individual needs and caregiver response, nor does it guarantee that children will be protected from physical or psychological harm. There is no proof that licensing will stimulate the healthy development of the child and good rapport between caregiver and parents.

> The variety of family situations militates against programmes aimed at obtaining a certain social uniformity. There is a need to combine legitimate (scientific) knowledge and traditional knowledge (folk wisdom) to suit the multiplicity of real life situations.[24]

Professionals and caregivers must seek a closer alliance with parents in order to gain a more balanced perspective. General awareness of the attributes of better parenting and caregiving must be enhanced. Consumer choice and consumer protection are concomitant with consumer education.

Regulations for day care, but one facet of a comprehensive policy on child care, must therefore be carefully evaluated along with policies for funding, for provision of training and for public education.

Third, in seeking to develop a comprehensive day care policy as part of a global social policy, the federal government should take a leadership role in striving to understand social trends and analyze the failings of human service programs. It should translate these findings into progressive policy for the future, keeping in mind the social and economic realities affecting families, while respecting the privacy of families and their right to make choices for themselves.

With regard to legislation and its effects on service delivery, further research is needed:

- How are the regulations interpreted?
- How do inspectors inspect: what measures or guidelines are used to determine whether conditions are met, when conditions are not stated in precise terms?

- How do service deliverers operationalize the regulations?
- How are regulations maintained, through what types of monitoring, and how frequently are they monitored?
- What are the evaluative tools used to measure adherence and effectiveness?
- What is the total number of licensed spaces, i.e. licensed full-time spaces (as presented in Status of Day Care Reports), part-time spaces, as well as other types of approved spaces such as those in family day care?

Collaboration with the provinces and territories in extending current information on regulatory practices could be useful in examining further the need for federal support or leadership in this area.

In the interim, further exploration and financial incentives in several areas would contribute to the general upgrading of the quality of day care:

- innovative and experimental (demonstration) projects in family day care;
- early childhood training for caregivers involved in day care;
- development of evaluation tools to monitor the effectiveness of the various components of day care programming;
- research into the ecological effects of day care services (as a family relief service, educational and preventive service, community impact, etc.,);
- forums of information exchange at a national and regional levels to assist in disseminating relevant information concerning child care practices; and
- a public education campaign organized nationally (along the lines of Participaction) to raise awareness of the features of quality day care, and of safe environments geared to children. Electronic and print media could be used to reach families at all socio-economic levels.

The work of the Task Force on child care represents the first extensive, concerted effort to collect Canadian-based information on day care services. It is essential that the momentum of this effort be carried forward by the federal government if Canada is to have an effective, comprehensive social policy for child care services.

NOTES

1 Canadian Council on Social Development, Garde de Jour: croissance, apprentissage, protection, July, 1973, pp. 44-48.

2 Howard Clifford, A Question of National Standards, (unpublished).

3 Inter-Ministerial Advisory Committee on Early Childhood and Family Education, Newfoundland government, May, 1983. The Committee studied the concept of early childhood education, and assessed needs and parental involvement in early education programming. It recommended that jurisdictional responsibilities for early education services be shared by the Departments of Education, Social Services and Health, and that a comprehensive policy be prepared.

4 Prince Edward Island government report, Study on Day Care, 1983.

5 A report by l'Office des services de la garde à l'enfance, Quebec, October, 1983. "Situation Actuelle et Perspective de developpement des services de garde à l'enfance au Québec. 1983-1988", called for a comprehensive, collaborative effort to develop a global policy to increase day care services to families over the next five years.

6 Canadian Mental Health Association, Saskatchewan Division, "Child Care and Mental Health," July, 1980, pp. 15-20. Exploring quality of child care, training qualifications/staff, supervision of children, the brief indicates the importance of having well-trained, well-qualified people including psychologists, social workers, social service researchers, recreologists, early childhood education specialists, other relevant professions and parents, involved in the on-going planning and program design, admissions, administration, parent liaison and counselling and regulating of child care services.

7 Social Planning and Research Committee, United Way of Lower Mainland, Vancouver, British Columbia, "Responsible Day Care: The Coming of Age of An Essential Community Service," February, 1981, pp. 15-20. The Committee indicated in its conclusions that day care can no longer be continued as a residual service to families, but must become an integral and necessary part of a policy on the family, with administrative capability centred within one provincial government department which has overall and ultimate responsibility for policy and administration. A concerted effort by a multi-representational council or committee would help curtail fragmentation of responsibility and service implementation.

8 Summary/resolutions arising from the second National Conference on Day Care, 1982, dealing with the need for legislative action, and calling for the National Day Care Act to be administered by a new federal department, pp. 8-10.

9 Bettye Caldwell, Child Care - Who Cares?, 1973, pp. 33-34.

10 E. Zigler and E. Gordon, Day Care: Scientific and Social Policy Issues, "Perspectives on Quality and Cost," p. 77; "Social and Emotional Consequences of Day Care on Preschool Children."

11 A report on the second National Conference on Day Care, "The Day Care Fight Goes On," The Facts, December, 1982/January, 1983, pp. 16-17.

12 Ibid., pp. 25-27.

13 Ontario Ministry of Community and Social Services, "Policy Statement on Standards for Day Care Nurseries Services", February, 1983.

14 Alberta Association of Registered Nurses, "Position Paper on Child Care", April, 1979. Reference to recommendations made in the paper.

15 The Yukon and Northwest Territories have adopted the National Fire Code of Canada 1980; although the Northwest Territories does not have regulations governing the licensing of day care facilities, fire inspectors have recommended that facilities ought to comply with the standards in the 1980 National Code. Clarification was not sought on Yukon regulations, which state that facilities are to meet zoning, building, fire, electrical safety, public health and gas safety codes of the area in which the facility is located. It would seem sensible to have flexible requirements to suit the needs and community standards in remote northern areas as well as rural areas.

16 A. Bruce-Biggs, "Child Care: The Fiscal Time Bomb," The Public Interest, Number 49, Fall, 1977, p. 94.

17 Social Planning and Research United Way of the Lower Mainland, Vancouver, British Columbia. "Responsible Day Care: The Coming of Age of an Essential Community," February, 1981, p. 11.

18 (i) Abt Associates, Research Results of the National Day Care study, October, 1980. The study reported that controlling ratio alone was not an effective regulatory strategy, and that behaviour of caregivers and group size or composition were equally, if not more, important. Teachers tended to spend more time in social interaction in smaller groups of care, while in larger groups time was spent in passive observation of the group. High child/staff ratios were not associated with high frequencies of one-to-one interaction between adult and child. pp. 239-243.

(ii) Cherry, C., B. Harkness, and K. Kuzina. Nursery School and Day Care Management Guide, 1978.

19 Organization for Economic Cooperation and Development (CERI), Caring for Young Children - An Analysis of Educational and Social Services, "Towards a More Favourable Environment for Children", 1982.

20 Belsky, J., Conference on Day Care and the Family, Auburn University, Alabama, September, 1977; presentation reported in Future Directions for Day Care Research: An Ecological Analysis, p. 89.

21 Canadian Mental Health Association, op. cit., pp. 19-22.

22 NAEYC position statement on staff qualifications related to quality child care, November, 1981, and Public Policy Report, January, 1982.

23 National Day Care Information Centre, Health and Welfare Canada, Status of Day Care in Canada, 1983.

24 op. cit., Caring for Young Children, pp. 60-80.

25 op. cit., Caring for Young Children, pp. 60-80.

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Yukon Territory	Day Care Ordinance, 1979 Day Care Regulations, 1980

APPENDIX A

PROVINCIAL/TERRITORIAL STANDARDS SYNOPSIS

Review: October/1984

PROVIN	LICENSING CONDITION - DEFINITION		COMMENTS ON REGULATIONS
NEWFOUNDLAND	"D.C. Center:	five or more ch., including ch. of staff members for 9 hours/week for children 2 - 12 years. (full day time period)	. Provide concrete guidelines on: health, safety, space requirements, ratios, staff qualifications and programming. . Distinctions: - children under 2 years not permitted in licensed centres; - television only for viewing educational programs; - efforts to be made to provide ch. with male identification figures.
	"Family D.C. Home":	removed from the Act in 1975. F.d.c. homes are not regulated or licensed, or registered in any way. . Procedures manual: care for no more than 4 children of any age.	
NEW BRUNSWICK	"D.C. Center":	four or more infants/six or more ch. 2-5 yrs/10 or more ch. (6 yrs + over)/seven or more (5 yrs + under or 6 + over), including operator's own children, for less than 24 hours.	. Definitions seem somewhat cumbersome. Concrete requirements for facility/programming/nutritional requirements for centers and relatively detailed for f.d.c. . Distinctions: - minimum staff age is 16 years to be supervised by primary staff members; - staff to have medical certificates at commencement and annually and must be willing to take training; - Nutrition: babies to be held while bottle-feeding; snacks served with undiluted milk or vitamized juice. - programming to provide strengthening and support service to family; - no smoking in room/area occupied by children; - facilities to report suspected child abuse and/or neglect.
	"Community D.C. Home":	max. 3 infants, 5 children 2-5 years, nine children 6 years and over, six children 5 years and under or six years and over, including operator's own children, for 24 hours.	
	"Family D.C. Home":	max. 2 infants, four children 2-5 years, 5 children over 6 years, four children 5 years and under or 6 years and over, including operator's own children, 24 hrs.	
PRINCE EDWARD ISLAND	"Child Care Facility":	5 children with or without charge for 2 12 hours/day excluding such structures providing day care on Sundays.	. "Guidelines to the Regulations" provide the detail on recommended standards and incorporate philosophical approach/rationale to guidelines. . Distinctions: - mention of family child day care as vital to rural area especially for infants, handicapped and chronically ill children; - no smoking while caring for children or food preparation; - infants to be held while bottle-feeding; - program to foster child's self-worth; respect for family values and involvement; - staff training standards to be phased in over 5-year period.
	Note: "Family Child D. C. Home":	defined in "Guidelines to the Regulations" as fire regulation classification system, however, not in Regulation itself. Guidelines: 1 staff:6 children under 6 years & maximum 2 children under two years including provider's children.	
QUEBEC	"Day Care Center":	at least 10 children on regular basis for up to 24 consecutive hours.	. Regulations place strong emphasis on pre-planning, i.e. - applications require a good deal of substantive/support documentation on incorporation, compliance with health/safety codes, community needs assessment, service/program goals and philosophy, ratios, policies, conditions of parental participation, etc., . Explicit equipment/furnishing requirements; requirements on staffing/qualifications/programming are limited. . Quebec has developed a five-year work plan to increase # of spaces (25 000 presently) to 50 000 by 1988. . Distinctions: - use of alcholol/drugs/tobacco forbidden in children's presence; - 1 in 3 staff require diploma/degree/certification in day care science or relevant field; - program of activities to promote physical/emotional/social/intellectual and moral development; - no child to be tied to bed/crib. - Television and audio visual equipment used only as staff-supervised activity; - layout, heating and lighting standards to come into force Oct./1985; i.e., (room temperature, insulation, humidity, etc.,) - explicit criteria in separate manual on approving family day care agency, however, no specific requirements of care providers stated.
	"Home Day Care":	up to 4 children including caregiver's children, or if assisted by another adult, up to 9 children including those person's children, for a period which may exceed 24 consecutive hours.	

PROVINCIAL/TERRITORIAL STANDARDS SYNOPSIS

Review: October/1984

PROVINCE	LICENSING CONDITIONS - DEFINITION		COMMENTS ON REGULATIONS
NOVA SCOTIA	"Facility":	day care provided for 4 children, excluding hospital or school.	. Generally vague wording and few concrete requirements. No mention of family day care. . Distinctions: - all staff to have medical certificate and basic knowledge of first aid; - one person on Admissions Committee to have e.c.e. knowledge; - provides phasing in of staff with e.c.e. qualifications for 1987/1989.
ALBERTA	"D.C. Center":	7 or more children under 6 yrs 3 24 consecutive hours per day.	. Regulations itemize concrete requirements pertaining to health/safety/nutrition/equipment/furnishings to facilitate ease of supervision and accessibility for children. . Requirements for staff qualifications and programming and parental involvement are limited. . Administration of satellite family day care home services is not included under act or regulations. . Distinctions: - ch. under 6 months to be held while bottle-feeding; - health standards to be developed with parents to initiate good health habits; - smoking prohibited in area frequented by children; - crib/sleeping arrangements for infants (under 19 months) are specified; - project proposal requirements for satellite family day home agency are extensive and concrete, as are physical health/safety, supervision of homes, screening/approval of providers, admission criteria for children; - satellite family day home agency responsible for "back-up" providers (3 hours/day) and insurance coverage for providers.
	"Family Day Care Home":	3 7 children under age 6, including operator's own, no more than 4 under two, for 3 24 hours, for 12 consecutive weeks/year.	
	"Satellite Family Day Home": (approved by agency)	Max. 3 preschool children other than provider's own, no more than 5 preschool children including provider's own children - no more than 3 children under two.	
BRITISH COLUMBIA	"Community Care Facility":	3 or more persons not related by blood or marriage and includes group day care (under 36 months + over), nursery school, child-minding facility, out-of-school care, specialized day care.	. Regulations deal with seven types of facilities individually according to age grouping and # of hours/days of care. . Generally, concrete standards for building/facility, equipment/furnishings, nutrition and programming are limited except for group size and child/staff ratios. Categories for staff/"supervisors" are defined. Requirements for application include staffing profile and certification of operator, descriptive floor plan and intended environmental layout, project revenue and expenditures. . Distinctions: - health, fire and safety requirements under provincial codes are not stated as such; - all staff to have physician's statement on health and T.B. test; - "under-three supervisor" required for each group of children in group day care for children under 36 months (registration approved by board); - no smoking except in designated staff areas; - provision for specialized day care (handicapped children) in separate facilities with staff having specialized training; - "unlicensed" family day care is, in fact homes approved by social workers from Ministry of Human Resources for providing subsidy to parents.
	"Family Day Care": (licensed)	3 and max. 5 children and 2 school-aged children at one time including all children under 12 yrs living or cared for in facility, 1 child under 12 months and max. 2 children under 24 months at any one time.	
	"Unlicensed Family Day Care":	max. one or two children in addition to caregiver's own children, or for sibling group 3 or more children. Note: Approved for subsidy program.	
YUKON	"Day Care Service":	7 children up to six yrs for periods 3 24 hours.	. Regulations provide little specificity except for admission of child, based on health certificate and T.B. tests, statement of health from parent and parental consent for administration of medication. . Distinctions: - require 2 staff members for every 6 children in attendance; - centres and family day homes to carry public liability insurance coverage; - primary staff to have ability to communicate and be occupied by child and awareness of early childhood development.
	"Family Day Home":	4 6 children up to six years including provider's own for 3 24 hours.	
NORTH WEST TERRITORIES	— No regulation at present		← . Family day homes under YWCA sponsorship are approved using guidelines similar to Alberta's satellite family day home system.
	"Family Day Home":	in Yellowknife approved under YWCA sponsorship.	

PROVINC	LICENSING CONDITIONS - DEFINITION		COMMENTS ON REGULATIONS
ONTARIO	"Day Nursery":	more than 5 children not of common percentage for purpose of providing temporary care and guidance (or both) for periods not exceeding 24 hours for children under 18 years (for children with developmental handicaps) and under 10 years in all other cases, excluding schools for MR, recreational programs and child's mental health program.	. Regulations specify concrete health/safety/furnishings physical requirements and incorporate specific requirements for infants/special needs children, nutrition and staffing needs, as well as behaviour management practices. Include criteria/policies on grants and subsidies. . Regulations governing private home day care (agency & providers) appear quite concrete relative to standards/expectations for administration of agency and physical care requirements of homes. . Distinction: - alterations/renovations/erection of facility or playground to be approved by director or minister; - all rooms for children under six or handicapped children to be below second storey level; - windows glass area = 10% activity room floor space; - inoculation of pets against rabies; - integrated centers require resource teachers who are not counted into ratio; - require written policies and procedures for staff training and development; - comprehensive liability insurance and personal injury coverage for private home day care.
	"Private Home D.C.":	5 children or less under 10 years; no more than 5 children under six years including provider's own and not to exceed: 2 handicapped children, 2 children under two, 3 children under three, one handicapped and one child under 2 years, 1 handicapped and two children two - three years.	
MANITOBA	"D.C. Center":	8 children or 5 children less than 6 years old, 3 children under two years for full-time (4 hrs/day, 3 or more days/week) or part-time (4 or less hrs/day).	. Regulations seem quite comprehensive and detail concrete standards and expectations for: physical aspects of facility, health and safety, staff qualifications/programming requirements for children. . Applications for licence emphasize pre-planning requirements - statement of goals, program, policies/procedures, staffing schedule, floor plan, emergency evacuation and evidence of provision for parent advisory committee. . Regulations comprise eligibility and criteria for subsidies and grants. . Distinctions: - smoking prohibited in front of children; - specific guidelines for night time care; - ch.'s medical/immunization certificate prior to admission not mentioned; - hours of operation may be 6a.m. - 12p.m. or 12a.m. - 6a.m. if demonstrated need; - staff qualifications based on three certification levels (Child Care Worker I - III) and provide for phase-in of # of staff requiring certification starting effective October 1986; - suspected child abuse to be reported; - family day care requirements are explicit and similar to center requirements for physical facility, program and child management; - no ch. under 12 weeks admitted without director's approval.
	"Family D.C. Home":	up to 8 children, with no more than 5 children under six years and 3 children under two years.	
	"Group D.C. Home":	8 children 13 children with no more than 3 children less than two years.	
	"Private Home D.C.":	upto 4 children including provider's children, with no more than 2 children under two years, (license optional).	
SASKATCHEWAN	"D.C. Center":	services to 4 or more children, not less than 9 hours/day, 5 days/week (preschool), no 4 hours/day, 5 days/week (out-of-school).	. Regulations itemize specific/numerous definitions and requirements: composition of Board of Directors, types of service, parental access, record keeping, provisions for Northern Saskatchewan, as well as criteria for grants and subsidies; . Requirements in all areas of health/safety/nutrition/qualifications/involvement of parents and physical requirements of facility appear explicit and concrete for both center and family day care home operations. . Distinctions: - nutrition requirements extensive (food preparation/cleaning of eating materials/layout...); - smoking prohibited in kitchen and while supervising ch; - mention inclusion of handicapped children in health/safety/programming requirements; - all employees require training program as prescribed and by date fixed by director; staff working with handicapped require specialized training/knowledge/skills; - child management and parental involvement/consent in area of programming if specified; - staff to have certificate of sound physical and mental health and T.B. tests.
	"Family D.C. Home":	maximum 8 children ranging from 6 weeks - 12 years including provider's children, with no more than 5 children (6 weeks - 6 years), no more than 2 children under 30 months, no more than 3 children, 6 weeks - 30 months inclusive.	

PROVINCIAL AND TERRITORIAL STANDARDS CONCERNING RATIOS, STAFF QUALIFICATIONS AND PROGRAMMING

BRITISH COLUMBIA

CHILD/STAFF RATIO:	GROUP D.C. (I): 3 years to school age - 1 staff for up to 8 children, 2 staff for 9 to 17 children; 3 staff for 18 to 25 children. Require senior supervisor where 3 groups of children cared for at one time. GROUP D.C. (II): 18 months to 3 years - 1 staff for up to 4 children, 2 staff for 5 to 8 children, 3 staff for 9 to 12 children. Where 3 groups in facility, one under-three supervisor is required.
STAFF QUALIFICATIONS:	GENERAL: All staff require physician's statement - health sufficient for job and T.B. test (reviewed bi-annually). One staff member to have first aid course where more than 7 children in centre. GROUP D.C. (I): "group day care supervisor": basic minimum training required by board; 12 months experience in preschool program and registered with board as group day care supervisor. "Senior supervisor": basic minimum training required by board, preschool supervisor to have letter of qualification and registered as under-three supervisor and several years' practical experience in E.C.E. with demonstrated supervisory and administrative skills. GROUP D.C. (II): "under-three supervisor": completion of infant care studies in program or institute recognized or approved by Board and registered as "under-three supervisor".
PROGRAMMING:	Program includes comprehensive and co-ordinated set of activities for development, care and protection of children, based on individual needs of children on regular basis, during any portion of 24-hour day.

MANITOBA

CHILD/STAFF RATIO:	Full-time ratio: Mixed age group, 12 weeks-2 years = 1:4 (8 max. in a group); 2-6 years = 1:8 (16 max. in a group); 6-12 years = 1:15 (20 max. in a group). Separate age group, 12 weeks-1 year = 1:3 (6 max. in a group); 1-2 years = 1:4 (8 max. in a group), 2-3 years = 1:6 (12 max. in a group); 3-4 years = 1:8 (16 max. in a group), 4-5 years = 1:9 (18 max. in a group); 5-6 years = 1:10 (20 max. in a group); 6-12 years = 1:15 (30 max. in a group). Part-time ratio: 12 weeks-2 years = 1:4 (8 max. in a group); 2-6 years = 1:10 (20 max. in a group).
STAFF QUALIFICATIONS:	Certification levels: C.C.W. III: diploma, degree or advanced certificate program in area relevant to child care or equivalent. C.C.W. II: approved certificate program or equivalent in area relevant to child care. C.C.W. I: secondary education with no training. Director of full-time centre requires C.C.W. III and 1 year of experience. Director of part-time centre requires C.C.W. III or C.C.W. II and 1 year experience. Staff at full-time center - 1/3 at C.C.W. II/III by 31/10/86; 2/3 at C.C.W. II/III by 31/10/88. Staff at part-time center - 1/4 at C.C.W. II/III by 31/10/86; 1/2 at C.C.W. II/III by 31/10/88. One staff per group of children at C.C.W. II or III by 31/10/88. All staff to have first aid course. Minimum age of 16 required.
PROGRAMMING:	Every person to promote overall development of children, "physical, social, emotional, intellectual," (Act). Allow daily individual and small group activity, physical, cognitive, language, social activity and child-initiated and adult-directed activity. Outdoor play on daily basis. Sleeping and toileting according to development capability of child.

ALBERTA

CHILD/STAFF RATIO:	Primary staff minimum: (effective August 1982) 0-18 months = 1:3; 19-35 months = 1:5; 3-4 years = 1:8; 5 years = 1:10. Two adults on duty (one free to be with children) if 4 or more children present.
STAFF QUALIFICATIONS:	At least one staff in centre to have first aid certificate. Staff positions, responsibilities, qualifications and experience must be documented on licence application. No person under 18 years to be solely responsible for care or well-being of children; may function as assistant under supervision of the adult primary staff.
PROGRAMMING:	Program to meet developmental needs of children; be flexible and provide for rest, toilet, nourishment, indoor and outdoor, group and individual, rigorous and quiet activities.

PROVINCIAL AND TERRITORIAL STANDARDS CONCERNING RATIOS, STAFF QUALIFICATIONS AND PROGRAMMING

.E.I.

CHILD/STAFF RATIO:	Minimum ratios: 0-2 years = 1:3; 2-3 years = 1:5; 3-5 years = 1:10; 5-7 years = 1:12; 7+ = 1:15. Minimum, mixed ages under 3 years: 1-4 children:1 staff, 5-8 children:2 staff, 9-12 children:3 staff. Minimum, mixed ages, over 3 years: 12-22 children:2 staff, 23-33 children:3 staff.
STAFF QUALIFICATIONS:	Supervisor and employees require medical certificate and must be capable of caring for children. First aid training required of at least one staff (reviewed every 3 years). Proposed staff training: by January, 1987 all operators (and 1 full-time staff by January, 1990) to have some academic training in basic E.C.E. from approved training agency, plus experience.
PROGRAMMING:	Program to foster sense of self-worth, respect family values and involvement, and further comprehensive development of child. Program to plan for integration of special needs children. Develop program to accommodate school-age children. Specifics of creating a variety of program activities are enumerated. Outdoor activity requirements according to child's developmental needs; minimum 1 hour in winter, 2 hours or more in summer.

UEBEC

CHILD/STAFF RATIO:	Under 18 months = 1:5. Over 18 months, not attending kindergarten or elementary school = 1:8. Children attending kindergarten or elementary school = 1:15.
STAFF QUALIFICATIONS:	1 of every 3 staff members is required to have college diploma, certificate or university degree in day care science or preschool education, psychology or appropriate field, or 3 years' relevant experience working with groups of preschool-aged children. (By 1988, experienced worker must have certificate of study in day care science.) Qualified staff to be with children 1/2 time centre is open. All members required to have first aid and caring training.
PROGRAMMING:	The applicant for day care permit must undertake to provide children with day care and a program of activities to promote their physical, intellectual, emotional, social and moral development.

EW BRUNSWICK

CHILD/STAFF RATIO:	Minimum primary staff: less than 2 years = 1:3; 2 years = 1:5; 3 years = 1:7; 4 years = 1:10; 5 years = 1:12; 6-12 years = 1:15. Special needs: Minister may alter primary staff ratio or ask for additional staff in centres.
STAFF QUALIFICATIONS:	Minimum 16 years old, "personality, ability and temperament to maintain spirit conducive to child's development." All staff: certificates of good health upon commencement and annually. Minimum qualifications: ability to understand needs of child, willingness to take training, awareness of community services and maintainance of liaison with these.
PROGRAMMING:	Positive stimulating atmosphere and structure conducive to total development of children. Provide strengthening and support service to family. Written daily program. Children unable to walk or under 6 to be separated during play period. Children attending center for more than 7 hours to have up to 2 hours outdoor activity.

OVA SCOTIA

CHILD/STAFF RATIO:	Full day program: under 5 years = 1:7. Part day program: under 5 years = 1:12. Either program: over 5 years = 1:15.
STAFF QUALIFICATIONS	All staff to have basic knowledge of first aid. All staff to have medical certificate and be free from communicable disease. Administrative officer to have specialized knowledge and adequate experience in E.C.E. care and development, plus suitable health and personality. As of April 1987, administrative officer and 1/3 staff to have training in E.C.E. or equivalent. As of April 1989, 2/3 staff to have E.C.E. training or equivalent. Equivalent status: grade 12 and minimum of 2 years experience in licensed facility and two semesters of full credit courses in E.C.E., plus 25 hours training seminars or workshops. Volunteers exempt from E.C.E. requirement.
PROGRAMMING:	Daily program to facilitate and stimulate intellectual, physical, emotional and social development appropriate to developmental level of children, and activities to encourage language development.

PROVINCIAL AND TERRITORIAL STANDARDS CONCERNING RATIOS, STAFF QUALIFICATIONS AND PROGRAMMING

ONTARIO

CHILD/STAFF RATIO:	Under 18 months = 3:10; 18-30 months = 1:5; 30 months-5 years = 1:8; 5-6 years = 1:12; 6-9 years = 1:15. Ratios: 2-6 years = 1:4; 6-18 years = 1:3. Integrated nursery requires one resource teacher to plan and direct individual and small group training for every 4 handicapped children. Resource teachers are not calculated into ratio requirements. Ratios may be reduced no less than 2/3 during arrival, departure and rest periods. Supervision of children by adult at all times.
STAFF QUALIFICATIONS:	Supervisor to have E.C.E. diploma or equivalent, plus 2 years' experience working in day nursery with similar age levels, plus approval of director. At least one staff for each group of children to have E.C.E. diploma or equivalent or approval of director. Where integrated: one person with E.C.E. diploma or equivalent for each group. Resource teacher to have E.C.E. diploma or equivalent, plus completion of post-secondary program (theory and practice) relating to needs of handicapped. First aid certificate if working with multi-handicapped. All employees require health assessment and immunization prior to commencement.
PROGRAMMING:	Written statement outlining philosophy, program and method of operation to be reviewed with parent prior to admission, and reviewed annually. Ensure varied and flexible program appropriate to development levels and group and individual activities, active and quiet play, fine motor skills, language skills and cognitive, emotional and social development skills. Children in each age group separated for indoor and outdoor play. Rest Periods: children over 18 months to two years rest after mid-day meal. Outdoors for sleep or play for 2 hour/day. Handicapped Program: written program, training and treatment plan for each child according to development level and needs. Written policies and procedures on discipline and discussion of such with staff.

YUKON TERRITORIES

CHILD/STAFF RATIO:	0-2 years = 1:6; 2-6 years = 1:8 2 staff for every 6 children in attendance.
STAFF QUALIFICATIONS:	Minimum 18 years old, "Competent for position description." "Primary staff" - ability to communicate with and be accepted by young child, and awareness of early childhood development. "Support staff" - demonstrated personal traits suited to young children, and understanding of basic aims of programs.
PROGRAMMING:	Planned daily schedule for rest, toilet, nourishment. indoor and outdoor vigorous and quiet activities that consider: developmental needs of children, staff capability, parental satisfaction, and use of outside resource persons.

NEWFOUNDLAND

CHILD/STAFF RATIO:	Children aged 2-3 years = 1:6; 3-school-aged = 1:8; school-age = 1:15. Two responsible adults at all times.
STAFF QUALIFICATIONS:	All staff to have a basic knowledge of first aid and a certificate stating physical and mental fitness. Staff training: curriculum related to abilities and needs of children offered through accredited academic or vocational institutions and in-service courses. All staff encouraged to participate.
PROGRAMMING:	Flexible program suited to age, developmental needs of children. Outdoor play and rest period each day. Efforts to provide child with male identification figures. T.V. only for viewing educational programs.

APPENDIX C

PROVINCIAL/TERRITORIAL STANDARDS - CENTERS

SYNOPSIS: NUTRITIONAL REQUIREMENTS

Review Oct. 1984

PROVINCE	NUMBER OF MEALS/SNACKS FOR GIVEN PERIODS OF TIME	- STIPULATION IN REGULATION -
NFLD.	Full day care: nutritious mid-day meal and 2 snacks. A light supper after 6 p.m.	°Menus planned at least one week in advance. °Meals and snacks have to be in accordance with Canada's Food Guide. °Food preparation to be supervised by knowledgeable person.
N.B.	<4 hours - 1 snack >4 hours - 1 snack and 1 meal >6 hours - 2 snacks and 1 meal	°Food prepared in consultation with knowledgeable person and in accordance with Canada's Food Guide. °Infant feedings provided on instructions from parents and infants to be held while bottle feeding. °Undiluted milk or vitamized juice with snacks. °Operations providing care between 8 p.m. and 6 a.m. allowed to vary meals and snacks to accommodate needs of child.
P.E.I.	3 hours - 1 snack 3 - 9 hours - 1 meal and 2 snacks 10 hours - 2 meals and 2 snacks	°Menus to be posted. °Meals and snacks in accordance with Canada Food Guide and prepared by knowledgeable person. °Infant feedings according to child's needs and schedule, and to be held during bottle feeding.
N.S.	1 meal if child in care during regular meal periods and 2 snacks per day. Meal = 1/3 of daily nutrient requirements for that age group.	°Menu planning, food preparation and service supervised by person with knowledge of the nutritional needs and eating habits of young children. °Meals to be nutritious and adequate.
QUEBEC	Snacks and meals according to Canada's Food Guide.	°Special diet to comply with instructions from competent authority and under parental authorization. °Prepared food and food brought in to be kept and served under sanitary conditions and at suitable temperature. °Children allowed in kitchen only under supervision. °Use of tobacco in kitchen is forbidden.
ONT.	>6 hours (2-6 years) - a full course hot meal. >6 hours (6-10 years) - a hot meal. 2 years and over - a.m. and p.m. snack.	°Children under 12 months of age fed according to parent's written instruction. °Containers labelled for children when parents provide. °Food stored and prepared to maintain maximum nutritional value and to prevent contamination. °Meals and snacks to contain all basic food groups and those promoting good dental health - for 1/2 daily requirement. °Special dietary/feeding arrangements provided on written instruction from parents.
MAN.	Meals and snacks according to hours of attendance.	°For infants ≤12 months - feeding to conform to guidelines of qualified nutritionist. °Infants to be fed by same person for at least 3/4 of their feedings, attended while eating, bottle held by an adult or the child and only foods with low choking potential. °Menu prepared in advance and posted. °Food handling, storage and serving according to health regulations.
SASK.	No more than 4 hour intervals between meals. Nutritious meals and snacks. School aged attending >1 hour to receive snacks.	°Menu planning and food preparation by knowledgeable person. °Ensure pasturized milk and milk products and other foods to comply with Meat Inspection Act. °Suitable storage and refrigeration of food. °Kitchen assistants to be excluded if affected by colds/skin infections. °Provision for special diet. °Cleansing of eating and drinking utensils specified in detail. °No smoking in kitchen. °Toilet doors not to open directly into kitchen.
ALTA.	Balanced meals and snacks of adequate quantity and quality according to individual needs of child.	°Foods properly prepared, stored and served in sanitary conditions. °Special diets on written instructions from physician and parent. °Utensils of size and shape easily handled by children. °Child under 6 months to be held during bottle feeding; child over 6 months unable to feed themselves to be held or seated in infant seats or high chairs.
B.C.	<4 hours - 1 snack >4 hours - 1 snack & 1 meal >6 hours - 2 snacks & 1 meal Meal = 1/3 of child's daily needs.	°Food has to conform with the Canadian Dietary Standards, taking into consideration the child's age, food preferences and cultural background.
YUKON	Provision of nourishing food of adequate quality and quantity for the needs of the children.	
N.W.T.	No regulations at present	

NOTE: Information adapted from "Provincial Day Care Requirements" published by National Day Care Information Center, Health & Welfare Canada, Sept. 1982.

APPENDIX D

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

NEWFOUNDLAND

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
. Day Care & Homemaker Services Act, 1975 . Day Care & Homemaker Services Regulations, 1982 . Day Care & Preschool licensing requirements 1983-84 (Procedure Manual) (Dept. of Social Services)	Act . "day care": provision of services & activities to ch. of age 2-10 yrs. during full daytime period. ('Center' does not include a school as defined by Schools Acts) . Day Care & Homemaker Licensing Board: . 5 members appointed by Lt-Gov. in Council includes: Dir. of D. Care, Dir. of Ch. Welfare, reps. from Dept. of Ed., Health & Rehab. & Recreation. . grants licenses & renewals; cancels or suspends lic., certifies persons employed in d.c. centers Regulations . "d.c. center": care for five or more ch. including ch. of staff members for more than 9 hrs./week for ch. age 2-12 years. . annual license renewal	Environmental & safety requirements:* . floor plan to be submitted by each applicant . certification that premises meet: fire, health zoning regulations and codes (prov. & municipal) . comprehensive general liability insurance of no less than $500 000 . no rooms beyond 2nd floor .layout conducive to easy supervision * board may issue license if premises are in clean, in sanitary condition, in good repair and reasonably secure against fire hazards . adequate storage space . area with dividers for isolation of ill children . outdoor area safe & sanitary, suitably surfaced & drained . equipment & furnishings ch. size . ind. bed/cots, linens, . maintenance requirements speci-ied . child Health . med. exam. prior to admission . medical certificate for center operator	. ch. under 2 yrs. of age not permitted in licensed d.c.* centers . max. group size: (center) = 50 . indoor net floor space: 3.3 sq. m./ child (35 sq. ft.) (excludes entrances Kit., hall, storage & bathroom spaces) . separate activity rooms for group sleeping space: .25 sq. ft. (separate or main activity room in center) .in private dwelling where center is in basement - separate rest area required . isolation space separate & apart from play space (25 sq. ft./child) * this age group can be cared for in f.d.c. home: no more than 4 children of any age including providers' own.	supervised at all times . grouping same ch. to same worker encouraged . Ratios: 2-3yrs = 1:6 3-sch.-age=1:8 sch.-age= 1:15 . does not include maintenance or food prep. staff. . two responsible adults at all times	. board may prescribe classifications of persons employed in d.c. center . group supervisor approved by board to meet min. requirements for suitable training, management skills & suitable age & health . all staff to have a basic knowledge of first aid . all staff must have certificate stating physically & mentally fit . staff trainning: curriculum related to abilities and needs & offered thru accredited academic or vocational institutions & in-service courses; all staff encouraged to participate. . licence issued to fit & proper person - (operator) where employees are properly qualified	. food preparation to be supervised by knowledgeable person . mid-day meal & nutritional snacks	.flexible program suited to age of ch. & developmental needs . outdoor play & rest period each day .efforts to provide child with male identification figures. . T.V. only for viewing ed. programs . parents to be encouraged to visit . ch. management, i.e. corporal punishment or isolation prohibited	. items currently under review: . pre-entry medical for ch. . staff training & qualifications . health examinations for staff . program guidelines for centers . regs. state standards for transportation of children . Regulations stating eligibility criteria for fee subsidization. Note: Reference should be made to "Report of the Ministerial Advisory Committee on Early Childhood + Family Education", May, 1983, which proposes an integrated comprehensive philosophy + working policy on e.c.e. services in the province Note: Family d.c. home is not defined in Act or Regs. (removed in 1975) F.d.c. home services are unlicenced/unregulated + not registered Only reference in the "Requirements" is that no more than 4 ch. of any age including provider's own can be cared for.

NEW BRUNSWICK

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
. Family Services Act (assntd June 30 1983) . Day Care Regulations (filed June 10 1983) . Standards for Day Care Facilities (March 5, 1984)	.*Community d.c. home* a home providing d.c. services for max: 3 infants, 5 ch. ages 2-5, 9 ch. age 6+, 6 ch. age 5 & under, and six + including operator's ch. (Min. issues certificate of approval) .*d.c. center*: facility providing services for 4 or more infants, six or more ch. age 2-5, 10 or more ch. age six + over, 7 or more ch. age 5 + under or six + over, including operator's own ch. .*family d.c. home*: services for max: 2 infants, 4ch. age 2-5, 5ch. over 6yrs, 4ch. age 5 + under or 6 + over, including operator's own . parent qualifying for subsidy recommend to Min. that facility be approved as f.d.c. home & if Min. satisfied that f.d.c. home necessary certificate issued. .*d.c. service*: care & supervision of ch. for period less than 24 hours. *(Foyers-garderies de type communautaire) *(Foyers-garderies de type familial)	Centre: . written statement of compliance under Health Act and Fire Prevention Act for fire & building standards . comprehensive liability insurance coverage for on-premises, trans. & property insurance (also for community f.d. homes) .first aid supplies to be available in all facilities. .Bd. of Directors of non-profit center (no less than 7 members) . annual renewal .comprehensive liability coverage Ch.'s Health: .medical certificate & proof of immunization. . admin. of medication by parental consent. . quiet rest or sleep areas (separate for infants) . ch. under 18 mths require cribs. . wash basins & toilet ratios established (nursery seats or training chairs & steps or platforms age-appropriate).	Centers: . max: 60 ch. (unless authorized by Min.) . indoor: 3-1/4 sq.m./child excluding offices, hallways, washrooms etc. . outdoor: 4-1/2 sq.m./child to accommodate 50% of ch. at any time . fenced if immediately adjacent or within reasonable walking distance. . Max. group size: 2 yrs - 9 2 yrs - 10 3 yrs - 14 4 yrs - 20 5 yrs - 24 6 yrs - 30 7-12 yrs - 30	Centers: . min. primary staff 2yrs - 1:3 2yrs - 1:5 3yrs - 1:7 4yrs - 1:10 5yrs - 1:12 6yrs - 1:15 7-12yrs - 1:15 .special needs: Min. may alter primary staff ratio or ask for additional staff in centers or f.c.d. homes	Centers: . staff: all persons employed in a d.c. facility & volunteers. . administrator present on premises min. 75% of operating hours . 2 volunteers may consitute one primary staff member (where volunteer provides 10hrs of work /week + 75% time directly involved in ch. . min. 16 years old*, personality, ability & temperament to maintain spirit conducive to child's development*. . staff under 19 yrs to be supervised by primary staff (no more than 2 members to supervise) . all staff: certificates of good health upon commencement & annually. . min. qualifications: ability to understand needs of child -willing to take training. -aware of community services & maintain liaison with these. *1	Under "principles" set out by Dept.: Centers: .prepared by or in consultation with knowledgeable person + in accordance with Canada Food Guide .snacks & meals determined by hours of attendance . infant feedings provided on instructions from parents & are to be held while bottle-feeding .undiluted milk or vitamized juice & snack .operations providing care between 8 p.m. & 6 a.m. allowed to vary meals & snacks & program activities to accommodate needs of child.	Centers: .*positive stimulating atmos. + structure conducive to total develop. of ch. .provide strengthening + support service to family . written daily program .ch. unable to walk or under 6 to be separated during play period . ch. attending center for 7 hrs to have up to 2 hrs. outdoor/ activity play .Ch. Management: (Centers & Com. d.c. homes) .not allowed physical (striking, shaking, shoving, spanking etc.), verbal, emotional punishment, omission of meals or sending to bed. . "good child behaviour management practices"	Centers: . Non-profit centers: min. 25% parents on board . admin. policies are outlined under "principles" for centers, community /family d.c. homes . must report cases of suspected child abuse or neglect. *1

NEW BRUNSWICK (continued)

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
		. cribs, playpens & toys & equipment to conform to Hazardous Products Act. *1 . locked storage space for hazardous products. *2 . no smoking in any room or area occupied by child .separate bedding, washing & grooming materials for each child . diapering surfaces: impervious material & change for each child. Community D.C. Home: ch.'s health: medical & immunization certificate prior to admission. . no admission if comm. disease . parent to provide authority for emergency medical services & transportation, authority for off-premises activities & written authorization for admin. of medication . rooms to allow for direct outside access + 2 fire exits . Same as *1, *2. . telephone in working condition . supervision of wading pool . smoke alarms & fire extinguishers also in f.d.c. homes	Community D.C. Homes .indoor space: 3-1/4 sq. m. .outdoor space: well maintained & secure		Community D.C. Homes: .operator provides for replacement/alternative person in case of emergency or illness. . same as *1. Family D.C. Home: .operator to be in good working health & of suitable character to provide safe but non-restrictive atmosphere. . same as *1.	Community D.C. Homes .parent provides written instructions re: infant feeding .meals & snacks in accordance with Canada's Food Guide .undiluted milk or vitamized juice.		Community D.C. Homes .operator provides parent with info. on daily menu, activities, hours of service & fee. . same as *1. Family D.C. Home: . same as *1.

P.E.I.

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
. Child Care Facilities Act (1973, amended April/1980) . Ch. C-5, Child Care Facilities Act Regulations (amended Nov./79) . Guidelines to the Regulations for the Child Care Facilities Act, 1980 (Dept. of Health & Social Services)	."Child Care Facility" bldg., structure & enclosure...for 5 ch. w/wo charge 2 12 hrs/day excluding such structures providing d.c. on Sundays. ."day care": service providing daytime care of ch. outside own home by autho. person w/wo charge. . growth of ch. fostered by soc. training, health service, phys. skill development. Excludes services of rec. or religious character under auspices of Church or School Act. ."Community Ch. Care Facilities Board": member of Dept. of Health & Soc. Service/ member of Dept. of Education 4 members and -at-large-by Minister appointment. -chair: public offc./ Min. appointment respons. for licencsing/enforcement . Classification for Fire Regulations: (see other) ."Ch. d.c. center" 12ch. for 24hrs care "Group d.c. homes": 7 12 ch. for 24hrs care. ."Fam. ch.d.c. homes": 7 ch. for 24hrs care	. licenses in force from July 1-June 30 each year. . facility certified under Ntnl. Life Safety Code (Fire P. Act) & Public Health Act (spec. guidelines itemized for health & sanitation & local bldg. codes) .liability ins. adequate for in/outdoor activities-min $500K .first aid kit on premises. . Advertising to include ref. to licence #, # staff, max. # ch. licensed. Ch.'s health: . immunization certificate required. .no admiss. ch. with infectious disease .parental consent for admin. of meds. .individual - grooming & washing materials .toys, equipment, furnishings to be clean, well maintained, free of hazards.	Indoor: 35 sq.ft./ch.(usable space-excluding kit./halls/bathrms). Outdoor: 75 sq. ft./ch. (including adjacent parks/vacant lots) . max. group size: infants - 3/35 ch. 2 yrs - max. 10 3-4 yrs - max. 30 5-7 yrs - max. 36 .Max. group size (mixed ages) under 3yrs-max.12 over 3yrs-max.33	Centers: . min. ratios: 0-2yrs - 1:3 2-3yrs - 1:5 3-5yrs - 1:10 5-7yrs - 1:12 7+ - 1:15 (outdoor=same) . min. mixed ages under 3yrs of age: 1-4ch. :1 staff 5-8ch. :2 staff 9-12ch.:3 staff . min. mixed ages over 3yrs: 12-22ch:2 staff 23-33ch:3 staff . single opertors (1/2 day prog.) require back-up. .prog. volunteers counted as staff .full day progs. require 2 staff. Group D.C. Homes: 13 ch. with min. 2 staff; no more than 3 ch. under 2 Fam.Ch.D.C. Home: 1 staff/ 6ch., incldg. own ch. under 6yrs + max. 2 ch. under 2yrs. .vital to rural area, spec. useful to infants, hdcpd, chron. ill.	.program staff resp. for care/ supervision of ch. & devepmt. aspects of facility. .Support staff-provide janitorial, transp. meal services .sup & employees to have medical certificate & "capable" of caring for ch.; .no smoking while caring for ch. or food preparation. .first aid training req'd. of at least one staff. (revw'd every 3 years). .program volunteers wkg. directly with ch. counted in ratios. .proposed staff training: by Jan./87 all operators + full-time staff by Jan./1990 to have academic training in basic e.c.e. from approved training agency /univ. degree..	.basic to Canada's Food guide .guidelines for snacks, meals accdg. to hrs. attending. . food prep. supervised by knowledgeable person. . infant feeding: accdg. to ch.'s needs & schedule, to be held for bottle-feeding.	prog. to foster sense of self-worth, & respect family values/ involvement & comprehensive development of child. .prog. to plan to for integration of sp. needs ch. . develop. prog. to accommodate school-age ch. . specifics of creating/encouraging variety of prog. activities enumerated .Child Managmnt: corporal punishment & total isolation prohibited .outdoor activity req. accrdg. to ch's developmtl. needs; min. 1 hr - winter, 2 hrs or more - summer. Fam. d.c.: to be subject to e.c.e. program guidelines.	Note: .Revisions to Act & Regulations under way re: program content & staff training standards policy (qualifications for staff + prog. volunteers). .Guidelines to requirements incorporate philo. approach + recommendations. .Staff training standards outline proposed phasing in of qualified staff over 5-yr period with review of Policy scheduled in 1990. Note: National Life Safety Code adopted in P.E.I. was developed by the National Fire Protecion Assoc. in the U.S.A. (1976) -ch:staff ratios for d.c. established in the Code - offered more guidelines than Canadian standards had at the time.

NOVA SCOTIA

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulation: Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
. Day Care Act, (in force Jan. 1/80) . Day Care Regulations (Schedule "A", April 15/82) (Dept. of Social Services)	Act . "day care": providing services pertinent to ch.'s phys. /soc./emot./ intellectual development apart from ch.'s parents or guardian (excluding organized recreation/religious activities or services exempted) "facility": bldg. or part/bldg. in which d.c. provided (exclud. hospital or school) for - 4 ch. Regs: . "exceptional child": ch. with mental, phys, emot., sensory-motor/ learning hdcp. . "non-profit facility": incorporated as non-profit org. Note: Family day care homes not included in regs. See "Other"	. facility to comply with all regs. re: fire, safety, health & sanitation & other munic. by-laws affecting facility . liability insurance to be adequate to cover facility . transportation of ch. by responsible, licensed person Ch.'s Health . medical & immunization certificate required prior to admission and annually . admin. of medication only when ordered in writing by med. practitioner . first aid kit on facility . Adequate Storage space & hazardous products out of reach . ratios for toilet & washroom facilities . supervised quiet space . furnishings, toys equipment suitable size and adequacy . all rooms for ch. under two on ground floor. . rooms clean, well ventilated & free from odors. . no rooms above second floor.	Center . Indoor space: 2.75 sq.m. (30 sq.ft) unobstructed playroom space/child - no more than 25 ch. in any one room at any time Outdoor space - safe sanitary play area or access to within reasonable distance -min. 5.46 sq. m. (60 sq.ft.) per ch. -min. 1.5 m. (4 ft.) fence.	Centers: . full day prog: under 5 yrs = 1:7 . part day prog. under 5 yrs = 1:12 either prog: 5 yrs = 1:15	. all staff to have basic knowledge of first aid . all staff-medical certificate (free from comm. disease) . bd. of directors responsible for non-profit government-subsidized fac. (no single grp. to constitute majority . admissions Comm. (one member with e.c.e. knowledge) .admin. officer: specialized knowledge/adequate experience in e.c.e. care and development/suitable health & personality. NB - April 1987 admin. officer + 1/3 staff to have training in ece or equiv. NB - April 1989 2/3 staff to have e.c.e. training or equivalent. . equivalent status: gr. 12 + min. 2 yrs exp. in licensed fac. + two semesters full credit courses in ece + 25 hrs training seminar/workshop . volunteers exempt from ece requirement	. food prep. & menu planning supervised by knowledgeable person - meal: nutritonally adequate (1/3 daily nutrient requirement. -nutritious snack a.m. and p.m.	. daily program to facilitate & stimulate intel./phys./ emot./soc. development appropriate to developmental level of ch. & activities to encourage language development . Minister may license facility for exceptional children . Minister may approve demo projects designed to explore alternatives in d.c. services	Special Needs: . two centers (29 spaces) exclusive to special needs - Dartmouth Developmental Center and D.C. for handicapped ch.-Sydney . Wee Care Developmental Center has majority special needs, remaining spaces available to others . April/84: 15 more special needs spaces allocated in designated centers Fam. d.c. Homes: available in Sackville (incorp. non-profit org.) operating homes for fewer than 4 ch. . homes approved conjointly by Director D.C. and Sackville f.d. care program sup.

QUEBEC:

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulation Policy	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
. Loi sur les services de garde à l'enfance (L.R.Q. ch. 5-4.1) (1 nov 1980) . Règlement sur les services de garde en garderie. (Décret 1971-83 - Sept/83) In force October 19/83 (erratum - June/84) (Ministère des affaires sociales) . Bill 77 - An act respecting child day care (November 1, 1980) . Regulation respecting day care centres (1971-83, Sept/83) (in force Oct 19, 1983)	Day Care Services: "garderie": (day care centre) an estblshmt recvg. at least 10 ch. on regular basis for d.c. for up to 24 hours. "halte garderie" (stop over centre) (Sctn 6) an esthlshmt recvg. at least 10 ch. on casual basis for d.c. for up to 24 consecutive hrs. (see "Other") "jardin d'enfants" (nursery school) (Sctn 5) an establishment receiving at least 10 children from 2-5 years of age on regular basis for d.c. for up to 3 hrs/day, but not preschool care organized by school boards or corporation of school trustees. (see "Other") "milieu scolaire": (school day care) . day care provided by school board or coporation of school trustees to children attending classes and receiving educational service in kindergarten & primary grades. (see "Other")	. bureau issues permits for 2yr period (or shorter if so determined to d.c./stop over centres & f.d.h. agencies. CENTERS: . applctn documents: deed of incorporation ... resolution identifyg bd. members, floor/site plan (true & to-scale) descrptn of park location, certifctn for compliance with municipal by-laws/public bldgs. safety acts, program of activities, aims of center/objectives, ch:staff ratio, policies, terms & conditions of parental participation, proof of staff qualifications, deed of ownership or author. for rent-free arrangement for minimum 2 years. . person with parental authority to be allowed access to ch's activity areas. . use of alcohol/tobacco/drugs forbidden in presence of child. . all hazardous products labelled & stored inaccessible to ch. in locked storage. Ch's Health: .admin. of meds. only on written auth. of parent. . sep. cribs/bedding/grooming materials. .no ch. to be left alone in cribs/bed/matt outside sleep/rest periods unless ill. . no ch. to be tied to bed/crib.	CENTERS: . max. center size: 60 (unless permit issued prior to regulation coming into force). Indoor: . net play area (under 18 mths) . min. 4 m^2/ch. . max. 15ch. in each room (room to be divided into separate rest & play area). . net play area (18 mths & over) . min. 2.75 m^2/ch. . max. 30ch. in each room (must include quiet area). Outdoor Area: .adjacent to center, safely fenced on all sides (1.20 m. high) unless located less than 500 m. from center. . min. 4 m^2/ch.; for at least 1/3 all children.	CENTERS: (note: in force October 19/84) Ratio: 17 mths - 1:5 . 18 mths - not attendg kindergtn/elem. level - 1:8 . ch. attending kindergarten/elem. level - 1:15	CENTERS: . d.c. "staff member": involved in implementing program of activities. . 1 of 3 staff members, (or fewer) must have college diploma/certificate/univ. degree in d.c. science/pre preschool ed, psych. or approp approp. field, or 3 yrs relevant exp. workg with groups of preschool-aged ch. (By 1988 req. certificate of study in d.c. science) and to be with ch. 1/2 time center is open. . all members must have first aid. . replacement to be available where only one staff member attending center.	CENTERS: . snacks & meals in accordance with Canada's Food Guide. . special diet to comply with instructions of competent autho. & parental auth. . prepared food & food brought in to be kept & served under santitary conditions at suitable temperature. . ch. allowed in kitchen only under supervision. . use of tobacco forbidden in kitchen.	. Regs. state the applctnt. for d.c. permit shall undertake to provide ch. with d.c. & a program of activities to promote their physical/intell/emot/social & moral development.	. Act (Sctn 2) stipulates "every ch. entitled to rec. good, continual, personal d.c.... taking account of organization, resources of persons providing care... . person with parental authority entitled to choose d.c. most convenient for him, taking accnt of available resources... . permit holder.. entitled to receive or refuse a child"... . Act (Sctns 4-7) describes permit holders as: co-operative assoc., non-profit corporation (with majority parents on bd.), municipal corporation, school bd., or corporation of school trustees, individual person or public establishment (h.d.c. agency). . Act (Sctn 10) emphasizes formation of admin. committee (majority=parent users) in case of: municipal corp, school bd./corp. of school trustees & indiv.

Physical Enviro/Health & Safety

CENTERS CONT'D:

FURNISHINGS & EQUIPMENT:
. use of bunkbeds/cradles forbidden.
. cribs to conform to (Ca) Hazardous Products Act.
. toys: non-toxic, washable, durable, in good repair & to conform to Hazardous Products Act; toys with sharp protrusions/hidden hazards are forbidden.
. equipment to be free of sharp edges, fixed to ground, durable/safe & surrounded by grass/sand
. wading pool to be emptied/disinfected & stored after each use.
. t.v. & a.v. equipment used only as staff-supervised activity.
. animals to be contained in cages/aquariums & not allowed in kitchen.
. rooms/equipment/furnishings to kept clean, disinfected regularly/out of presence of ch. & kept in good condition
. center to have refrigerator/stove/hot plate/telephone/first aid kit.

Equipment: for ch. under 18 mths)
.educational toys & material relevant to program & suited to ages & # enrolled.*1
.infant seats & tables in suff. quantity
.washable changing tables near sink & closed container for diapers. *2
.storage space when toys/material easily accessible to ch. *3

Equipment: (for ch. 18 mths & over)
. same as *1, *2 (for 18-35 mths) and *3
. ch.-sized seats & tables
. cot/mat with fitted washable cover for each child.

Layout, Heating, Lighting of Premises:
(Note: to be in force Oct 19/85 only)

. "play area": (aire de jeu) multi-purpose area other than service/traffic area intended solely for games & activities.
. "multi purpose" area: (aire polyvalente) dining room, room for resting, room for ch. under 18 mths solely used for rest.
. "service area": (aire de service) sanitary facilities, office, staff room, kitchen, laundry, storage/utility area.
. "traffic area": (aire de circulation) hallways, walkways, vestibules, entrances....

. All room requirements:
- half wall height above ground level.
- walls & floors insulated & min. room temperature at 20°C.
- relative humidity in basements no 50% in winter, not 30%.

. Play room requirements:
- walls 2.3 m. unobstructed height.
- walls & floors covered in washable material (wall to wall rugs/concrete/ceramic tile/terrazo - not acceptable)
- windows in play area to face directly outdoors & to have glass equal to not less than 10% of floor area of room.
- windowless room requirements stated and minimum artificial light: 320 lux.

. Additional requirements:
- cloakroom
- toilet/sinks - 1:15 ch. & one on each floor.
- admin. office where 20 ch. enrolled.
- separate cupboard for food/cleaning & maintenance materials/bedding/medictns.

Other

administrative committee to consult & advise on all aspects of life at center: preparation/eval/revision of program, acquisition & use of ed. material/location of service/arrangement of furnishings & services.

. Record-keeping = permit holders to abide by regs., except: municipal corp./school bd, corp. of school trustees are to submit report of activities & financial report accrdg. to fiscal periods set out.

. bureau may assume provisional admin. (for 90 days or more) of center/ nursery school or h.d.c. agency in cases of permit suspension, unsafe practices, breach of trust etc.,

. Nursery Schools & Stop-Over Centres:

Sctn 5 & 6 (respectively) of the Act have not yet been proclaimed, thus the bureau cannot issue permits for this category of service
. nursery schools qualify for grants from MED only if prog. (for 4 yrs old) is established for ch. with learning disabilities or under-priviledged ch.
. 1983-84 - bureau undertook to compile inventory of such services & identify existing operational problems in order to advocate the proclamation of Sctn 5 & 6 of Act.

. School Day Care:

(Sctn 1) bd. of corporation of school trustees can provide d.c. (before & after school).
. receive no funding from the bureau, MED offers start-up & operational grants to promote service.
. permits are not required (since under school regulations).
. the bureau must be notified within 30 days of the implementation of the service.

. Act states requirements & duties of permit holders/the bureau regarding financial assistance, contributions/exemption of parents.
. Act: Ch. III, Sctn 49 - 72: describe the composition/establishment/functions of bureau.
.17 coporate members (13 appointed by gov't, incl. chair)
. 5 parent users (one with special needs ch.)
. 3 service providers.
. 1 employee (parent user).
. 1 school commissioner.
. 1 council member of municipal corp.
. 4 civil servants (MAS, MED, MAM M. Etat de condition feminine).
. chairman = 5-year appointment.

Definitions	Physical Enviro/Health & Safety
"en milieu familial" (home day care): d.c. provided on regular basis for a consideration, by a natural person up to 4 children including person's child in a private residence. or, if assisted by adult, up to 9 ch., including children of those caregivers for time which may exceed 24 consecutive hours.	HOME DAY CARE . Home d.c. agency: recognizes person responsible for home d.c., according to conditions under Act & regulations, promotes development of h.d. care, . maintains information service on available h.d.c.., . offers technical & professional support to person responsible for h.d.c. . Home d.c. person (provider): undertakesto provide children with d.c. program of activities to promote physical/intellectual/social/emotional/moral development. . submits to control and supervision of holder of permit. . must comply with regulations providing care for no more than 4 children including own or 9 children if another adult helper. Note: a) person (individual) may provide h.d.c. without being recognized by agency & without a permit. . # of ch. should not exceed nine, however presently the Act does not allow for any recourse if a private individual exceeds this number. b) Procedures to establish h.d.c. agency are currently under revision and will be completed by the bureau in late 1984.
"agence de service de garde en milieu familial": (home d.c. agency) - body authorized to co-ordinate all home d.c. provided by persons it has recognized as persons responsible for h. d.c.	Criteria for granting permits: . community needs survey and profile of existing child care services and community resources. . incorporation of the agency as non-profit organization (majority members = parent users). . budget projection. . outline of service philosophy and objectives, procedures for admission/administration. . location of permanent office and hiring of administrator. . programme of recruitment/evaluation/selection and training of home d.c. providers. . request for grants and subsidies with supportive documentation on the above. . signature of contracts/agreements with providers/parent users and lease. . purchase of comprehensive liability insurance policy by agency and individual home d.c. providers. . establishment of toy/equipment lending library.
"bureau": l'Office des services de garde à l'enfance. (OS6E)	Forthcoming changes - Criteria for obtaining permits: . d.c. center or social service agency can no longer operate as agency - agency must be established as separate entity under separate/designated name; with a majority of parent uses on council/administration committee. may be supported by d.c. center or other agency but not be administered by it. . agency must designate a specific geographical territory in order to provide services and may not operate beyond those boundaries and should provide a minimum of 50 spaces. . agency eligible for maximum $5000 start-up grant in addition to $2/day/ch. operating grant. Note: specific requirements of h.d.c. providers themselves not stated except for liability insurance coverage.

ONTARIO

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
. Day Nurseries Act 1980 . Ontario Regulation (760/83) (Ministry of Community and Social Services)	Act . "day nursery": premises that receives 5 ch. not of common parentage, for purpose of providing temporary care or guidance or both temp. care/guidance for period not exceeding 24 hrs where ch. under 18 yrs (for ch. with developmental handicap) + under 10 years in all other cases. -excludes: schools for MR under Ed. Act; recreational programs under Culture & Rec. Act; ch.'s mental health under Ch.'s Mental Health Services Act. "in-home services": provides services for ch. in own home or in place other where ch. rec. residential care. "operator": person in control & management of d. nursery or priv. home d.c. agency.	. compliance with laws, rules, regs, direction or order affecting health of inhabitants of mun. or reserve and local board of health; . compliance with all by-laws, standards of housing persuant to planning Act 1983. . compliance with requirements under Bldg., Code Act & Fire Marshal Act. . alternatives, renovations, erection, etc., of bldg. or playground area must be approved by Director or Minister . separate areas for eating/resting/food prep./storage/staff area/outdoor equipment storage/office where program operating 6 hours/day. . all rooms for ch. under 6 yrs and for handicapped - below second storey level . window glass area = 10% floor space (activity room). -artificial lighting max. 55 dekalux . room temperature min. 20°C. . play equipment/furnishing: "adequate to serve capacity + type/design suitable to developmental needs of ch. + sufficient quant. .maintained in safe/clean condition + good state of repair. . telephone services. . changing/diapering tables etc., 1:10 for ch. under 18mth 1:15 for ch. over 18mth . sep. bedding for each.	Indoor: .hdcpd ch. play space: 5 sq.m./ch. unobstructed (with sep. rooms where 12ch. 24ch. + one addtnl room for every 12 ch. over 23 ch.) and (sep. resource area for ind. + small group training), . play activity: 2.8 sq.m./ch. unobstructed space .sep.play/sleepg area + max. grp. size ea.: under 18mth-max. 10 -18-30mths- max. 15 -31mth-5yrs-max. 24 6 - 9 yrs - max. 30 Outdoor: 5.6 sq.m./ch. where center 64 ch. with divided play space, . ground level + adjacent to premises, . min 1.2 m.-high fence for ch. under 6 yrs with secure gates, . designed for ease of supervision	Ratios:(general) .under 18ms-3:10 .18-30ms(ind)1:5 .30-5yrs(ind)1:8 5 - 6yrs - 1:12 6 - 9yrs - 1:15 Ratios: (hdcpd) 2 - 6yrs - 1:4 6 - 18yrs - 1:3 (max. grp. =4,3 respectively) . integrated nursery/p.h.d.c. agency requires one resource teacher to plan + direct ind./small grp. training for every 4 hdcpd ch. .resource teachers are not calculated into ratio requirements . ratios may be reduced no less than 2/3 during arrival/departure/rest periods. .supervisor - counted as employee may vary (55,(7)a-c) Adult Ratios: operator to ensure: . 6ch. over 18 mths - 1 adult . 6 or more ch. over 18 mths - 2 adults . 4 ch. under 18 mths-1 adult . 4 ch. under 18 mths-2 adults . supervn of ch. by adult at all times. *1	Supervisor: .e.c.e. diploma or equivalent, . 2yrs expernce working in day nursery with similar age levels, . approval of director. Employees: . at least one person for ea. group of ch.: .ece diploma or equivalent + approved by Director, . where integrated: one person with e.c.e. diploma or equivalent for each group. Resource Teacher: .e.c.e. diploma or equivalent + completion of post-sec. program (theory + practice) relating to needs of hdcpd. .first aid certificate if working with multi-hdcpd. . All employees to have health assessment + immunization prior to commencement. *1 . written policies + procedures for staff training & development. *2	. Infants: (under 12 mths) fed according to written parental instructions, . container labelled for ch. where parents provide *1 . food stored + prepared to retain max. nutritive value + to prevent contamination *2 . meals + snacks to contain all basic food grps. + those promoting good dental health, 1/2 daily requirement. (specifics in schedule 1, & 2 .special dietary/feeding arrangements provided on written instructions from parents. *3	.written statement outling philo/prog., method of operation-to be revwd with parent prior to admission & reviewed annually. *1 .ensure varied & flexible program appropriate to developmt levels and grp/ind. activities, active/quiet play, fine motor, language cog/emot/soc. development skills. *2 . ch. in each age group separated for in/outdoor play. Rest Periods: .ch over 18mth to two years rest after mid-day meal. .outdoors for sleep or play for 2hr/day *3 Hdcpd Program .written prog/traing/treatment plan for each child according to developmnt level & needs. *4	Regs. provide guidelines on enrolment,admin. + financial record-keeping + on computation of provincial government grants. *1 all day nurseries + priv. h. d.c. agencies to be licenced. (After Jan/84, new applicants granted provisional license - regular licence. Regs.: . specific definition given for actual costs, net costs, bldg. project, liquid assets, prof. engineer, serious offence, welfare administrator, parent, person in need, charitable corporation, handicapped ch., integrated nursery & licensed capacity.

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PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
	"Privave Home d.c. agency": person who provides private home d.c. at more than one location . establishment of d. nursery by municipality: thru by-law may establish, grant aid, furnish, enter into agreement with operator of such services or any person providing private home d.c. & purchase in-home services . Minister may enter agreement with operator/person of private home d.c. in areas without municipal organization.	. cradle/crib for ch. under 18 mths, + cot for ea. ch. over 18 mths . Comprehensive general liability + personal injury coverage for all staff, volunteers. Ch.'s Health: . complete immunization prior to admission . written autho. by physician + parents for admin. of medication .pets to be inoculated vs. rabies.					Behaviour Managmnt: . written policies & procedures on discipline, punishment/isolation & discussion of such with staff. . corporal punishment/deliberate harsh or degrading measures, deprivation of food, shelter, clothing, bedding and confinement prohibited unless approved by director. *5	
	. Minister may approve & fund corporations; may provide payment to bands. "private home d.c.": temp. care, for reward or compensation, of 5 ch. or less, under 10 yrs... in private residence... for continuous period not exceeding 24 hours.	PRIVATE HOME DAY CARE . temperature 20°c . inspection (in/outdoor play space) by p.h. d.c. visitor prior to approval + every 3mths. .equipment/furnishings to include: in/outdoor suitable play material, cradle/crib/playpen for under 18 mths, or cot/bed for ch. over 18 mths. and separate bedding. . poisonous/hazardous products + fire-arms inaccessible to ch. . ch. not allowed on balcony unless supervised by adult. . outdoor play area to be supervised. . compulsory general liaibility and personal injury coverage. . pets inoculated vs. rabies.	. no more than 5 ch. under six yrs including providers' own and not to exceed: . 2 hdcpd. ch. . 2 ch. under 2 yrs. . 3 ch. under 3 yrs. . 1 hdcpd. + 1 ch. under 2 yrs. . 1 hdcpd. + 2 ch. two three yrs.	Agency: to employ one full-time visitor for every 25 priv. h.d.c. locations. . same as *1.	Visitor: . post-sec. program of studies in ch. development and family studies, . 2 yrs' experience working with ch., . approved by director . adherence to *1, and *2. Priv. h.d.c. operator: .health assessment + immunization up to date.	. *1, *2, *3 . meals planned by provider/parent/visitor.	. *1, *2, *3, *4 . daily outdoor play for 30 mths and over. . adherence to *5.	. same as *1 .operator of p.h.d.c. agency to enter into agreement and persons to provide copy to p.h.d.c. provider.

MANITOBA

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

	LICENSING REQUIREMENTS AND REGULATIONS							
Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
. Community Child Day Care Standards Act (in force Oct. 10/83) (bilingual) . Manitoba Regulation 148/83 and amendments (April 84) (Dept. of Community Services & Corrections)	"Child": boy or girl under 12 yrs; regs for subsidy = persons over 12 yrs but under 13 yrs. "day care": care & supervision of ch. not including parental or care/sup. of ch.under author. of any other Act "d.c. center": premises (garderies) other than group d.c. home, where d.c. alone or in combination with parental care is offered to 8 ch., or 5 ch. less than 6 yrs old, 3 ch. less than 2 yrs. old "full-time d.c. centre" for preschool ch. 4 hrs./day, three or more days/wk. "part-time d.c. centre" 4 or less continuous hrs./day "facility": d.c. center, occasional d.c. center, group d.c. centre, fam. d.c. home or premises in which private home d.c. provided "school-age d.c. center": provides care for school-age & ch. enrolled in kindergarten "family d.c. home": (garde de jour en famille) home premises for up to 8 ch. of whom not more than 5 ch. 6 yrs. old & not more than 3 ch. 2 years old.	"every person to provide enviro conducive to health, safety & well-being of ch." (Act) Preschool & School Age d.c. CENTERS: . compliance to Manitoba Fire Code & authority of Public Health Act & zoning by-laws . comprehensive liability insurance for staff & ch. including excursions Hours of operation: . 6 a.m. - 12 p.m. .12 a.m. - 6 a.m. (if demo. needed) Furnishings, equipment/toys .suitable to meet Hazardous Products Act (Ca) & sanitary conditions . cribs for ch. under 18 mths. . cot/mat for ch. 18 mths. - 6 years . min. one room with natural light . toilet & wash basins - 1:10 (full-time centre) 1:15 (part-time & school-age) . training chairs etc. for toddlers . clothing/bedding/grooming materials separate for ea. ch. . smoking prohibited in front of any ch. . first aid kit Ch.'s Health: . admin. of meds. by written permission with one staff to administer . no attendence when ill with communicable disease	CENTERS: Indoor: . min 3.3 sq.m/ch. (free & usable sp.) -full-time centre to prov. sleeping space at 2.3 sq.m./ch. Outdoor: . min 7 sq.m./ch. + accom. more than 50% lic. spaces (55 sq.m.); located within 350 m. from preschool centre + 700 m. from centre school age . safe access to space if not adjacent . fenced with 50% grass . Max. Centre Size: 70 . infant care: sep. room for play and rest Occasional d.c. Centre:. max size: 2 yrs = 16 sp. 2-6 yrs. = 32 sp. 6-12 yrs. = 60 sp. .reg. ch./staff ratios apply	CENTERS: . no child left without supervision Full-time ratio: mixed age group 12wk-2yrs 1:4 (8 max.) 2yr-6yrs 1:8 (16 max.) 6yr-12yrs 1:15 (20 max.) .sep. age group 12wk-1yr 1:3 (6 max.) 1yr-2yrs 1:4 (8 max.) 2yr-3yrs 1:6 (12 max.) 3yr-4yrs 1:8 (16 max.) 4yr-5yrs 1:9 (18 max.) 5yr-6yrs 1:10 (20 max.) 6yr-12yrs 1:15 (30 max.) Part-time ratio 12wk-2 yrs 1:4 (8 max.) 2yr-6yrs 1:10 (20 max.) . max. 2 groups in each room . Volunteers count as 1/2 staff in part-time	CENTERS: . Day Care Staff Qualifications Review Comm. appntd. by Lt. Gov. in Council (Act) Certification levels: . C.C.W. III: diploma, degree in area relevant to ch. or equivalent . C.C.W. II: approv. certificate prog. or equiv. in area relevant to ch. . C.C.W. I: secondary ed. with no training . director-full-time center C.C.W. III & 1 yrs experience . director-part-time center C.C.W. III or C.C.W. II + 1 yr experience . Staff at full-time center -1/3 at C.C.W. II/III by 31/10/86 -2/3 at C.C.W. II/III by 31/10/88 . Staff at part- -1/4 at C.C.W. II/III by 31/10/86 1/2 at C.C.W. II/III by 31/10/88 . One staff/group of ch. at C.C.W. II or III by 31/10/88 * All staff= first aid course * Min. age required = 18	CENTERS: infants: conform to guidelines of nutritionist for 3/4 daily requirement & held while bottle-fed . nutritious snacks and meals as required by qualified nutritionist.	CENTERS: . "every person to promote overall development of ch. (phys./soc./emot./inte.)" (Act) . Allow daily ind. & small grp. activity, physical cogn./lang./soc. activity & child-initiated & adult-directed activity, . Outdoor play on daily basis . Sleeping & toileting according to development capability of child Ch. Managmnt *1: . phys. punishment verbal/emot. abuse or denial not permitted . Suspected child abuse to be reported to proper authorities . isolation rooms for behaviour management require director's approval	Applications for license: Include: written statement program, goals, policies prog. & staff schedule & parental involvement/floor plans/emerg. evac. plan/evidence of provis. for parent advisory comm. Grants: . Regulations specify board & management comm. requirements for eligibility to grants/itemizes all grant types available & concomitant eligibility criteria Fees & Subsidy: . Regs. itemize criteria & rules applying to fee structure, subsidy calculation /parent portion, attendance requirements . Regs. specify general admin. record-keeping requirements

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

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LICENSING REQUIREMENTS AND REGULATIONS

Legislati Regulatio Policy	Definitions	Physical Enviro/ Health & Safety	Space & Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
	"group d.c. home": (garderie collective) care for 8-13, of whom no more than 3-2 yrs. old in home "occasional d.c. center": (garderie occasionelle) provide care on casual or intermitent basis but not for emergency circumstances (e.g. conference)	Night-time care . guidelines specific Occasional d.c. requirements . max. 8 hrs/wk, up to 5 consecutive days . operating hours: 6 a.m. - 9 p.m. only	Family d.c. home: . suitable/safe in/outdoor space *1					Note: No ch. under 12 weeks admitted without director's approval.
	"private home d.c.": (garderie familiale) care for not more than 4 ch. including provider's own ch. with not more than 2 ch.under 2 yrs. (*licence is optional) . "parental" care: care & sup. in ch.'s own home whether or not care & sup. is provided by ch.'s parents *Note: Act enumerates nine specific exemptions of types of care (e.g. babysitting in ch.'s own home, care by friends /relatives, pupils, hospital care, recreational fac.)	FAMILY DAY CARE HOME . 2 references & safety inspection by autho. person re: health & safety and fire . record-keeping requirement . issue receipt to parents . adequate liability insurance coverage . substitute care re: emergency etc., recorded (if 1 day = advise director) . safety/health guidelines same as in centres re: equipment /furnishings & admin. of medication . fire extinguisher, smoke detector		. supervise children at all times. Family D.C. Home . supervise ch. at all times	. min. 18 yrs of age .personal assessment completed by autho. person including commitment to continuing ed. . completion of first aid course		. indep. & co-op activities *2. . regular outdoor play *3. . same as *1 above	
		PRIVATE HOME DAY CARE . same rules apply as in fam. d.c. home if licence desired.						
	*Regulations: detail ch. c. wrkr clssfitn group size, parent, room, preschool & school-age, special needs, work site d.c.	GROUP DAY CARE HOME . compliance with health, fire zoning regs. certified by autho. person . record-keeping same as for center & family d.c. . liability insurance . health/safety rules for equipment, furnishings, etc. same as fam. d.c. home	. same as *1.	. ch. supervised at all times. . 2 staff where numbers exceed 8 ch.	.personal assessment by autho. person & commitment to continuing education.		. same as *1, *2, *3 above.	

SASKATCHEWA

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
		Centres:	Centres:	Centres:	Centres:	Centres:	Centres:	
. Family Services Act (proc. 1972) . Day Care Regulations 213/75 (amended Oct.1/82) (Saskatchewan Social Services)	"bd. of directors": elected reps. of non-profit d.c. center society or coop. incorp'd. under Societies Act or Coop. Associatn. Act. . 50% members, to be parents. . d.c. staff not eligible for bd. membership, only ex-officio members. "d.c. centre": facility offering d.c. services to 4 or more children. "d.c. services": non-parental care/sup. of ch. in location other than ch.'s own home at request of parent; excl. prog./service admin./supv'd/lic'd by another department or agency of government. "operator": person operating a private d.c. center "private d.c. center": center operated by priv. ind. or grps. of ind. - not duly incorporated. "supervisor": person designated by bd. of directors as responsible for organization & coordination of centre's daily progs.	. hours of operation (preschool) not less than 9 hrs/dy, 5 dys/wk. . hours of operation (out-of-school)-not more than 4 hrs/day, 5dys/wk. -not less than 9 hrs/day 5 dys/wk. during school vacation. . adherence to all medical health, local fire & zoning regulations/by-laws to make facility "safe for use by ch." . sufficient kitchen & dining facilities. .ratio for water closets & washbasins is specified for preschool & out-of-school progs. . provisions to be made to allow safe & independent use of water closets & washbasins & for isolation of ill ch. Equipment & Furnishings: . size easily, safely, independently used/suitable for ch. & for inclusion of hcdpd. ch. .play mater. & equipmt. in good repair, approp. to ages & sufficient to no's. of children. . sturdy changing table & disposable plastic sheets. . ind. clothg/beddg/groomg materials. .ind. cots/mats. 2"thick with washable covers. . first aid supplies in locked space. . telephone. . emergency lighting where no natural lights.	Indoor: . min. usable floor space: . 35 sq. ft./preschool children. . 25 sq. ft./out-of-school children (in separate room). .centers with mixed age groups: allocate space for exclusive use to each group (18-30 mths; 30 mths-6 yrs) and designate common space. Outdoor: . suitable, safe play space adjacent to center or within walking distance.	Ratios: 18-30mths =1:5 30mths-6yr=1:10 6yrs-12yrs=1:15 . max. center size = 60 . center integrating hdcpd. ch.: max. 15% all ch. spaces (may apply for max. 25%) . outdoor supervision: adherence to req'd ch. staff ratio when in adjacent area; two staff or req'd. staff - ch. ratio when non-adjacent.	. min. 16yrs old . all personnel (unless exempted by director) employed prior Jan./78 require training prog. for d.c. staff; employed after Jan./78 require training program for d.c. workers - as prescribed, & by date fixed, by director. . persons with course in d.c. or related field may apply to director to have qualifications assessed in relation to prescribed training program. . volunteers to be superv'd by one staff at all times. . 2 persons on premises at all times-1 trained. .bd. of directors to designate person in charge of daily operation or operator to be in charge. .bd. or operator to facilitate: in-service training & participation in courses or seminars. .staff respons. for hdcpd. ch. to have req'd training/knowledge & skills.	. suitable storage & refrigtn. of food. . menu planning & food prep. by knowledgable person. . kitchen assistants to be excluded if affected by colds/skin infections. . nutritious meals & snacks no more than 4hr intervals. (preschool & school-age) . school-age ch. attend'g 1 hr to receive snacks. . provision for special diets. .pasturized milk & milk products. . other foods to comply with Meat Inspt'n Act ( ) . cleansing of eating/drinking utensils described in detail . no smoking in kitchen. . toilet room doors not to open directly into kitchen.	. environment supportive of normal develpmt. of ind. child. .periods of rest & sleep accordg. to age & needs of children. Ch. Management: . corporal punishment/isolation prohibited. . other methods of discipline req. discussion/approval of parent. . referral to professional.... requires consent of parent. . integration of hdcpd. ch. into regular prog. (quarterly reporting & yearly assessment). . signed transportation release by parents for off-premise excursions.	Regulations specify admin. of licensing, grants & subsidies to parents, family d.c. homes, d.c. centers & for supervision of hdcpd. ch. (f.d.c. & centers). . licence to operate center for preschool ch. (18 mths - 6 yrs) or out-of-school program (5 yrs - 12 yrs inclusive) req'd. to meet standards & demonstrate need in community. . licences expire on 12/31 ea. yr. . all centers to licensed after Oct. 1/82 to be non-profit. . applications to include written approval of necessary autho., proof of incorporation, list of members of board, detailed floor plan, proposed operating budget.

SASKATCHEWAN (continued)

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
	. Note: Regs. also specify - family income, family unit, fiscal year.	Ch.'s Health: . certificate of health condition prior to admission & immunization. *1 . no admission of ch. with infectious disease. . meds. admintr'd on written parental permission & by supervisor/ operator. *2 . janitorial duties not to be performed while ch. attending. .storage of unsafe items & poisonous substances. .public liability insurance including off-premises excursions. *3			. certificate of sound physical/ mental health & T.B. tests.			Regs. specifiy admin. record-keeping guidelines, parental access to ch.'s file & accounting Note: Regs. specify special provisions for grant/ subsidy requirements in Northern Saskatchewan.
	"certificate of approval": approval in writing of approved family d.c. homes.	Fire Safety: . meet standards & requirements of Fire Prevention Act. . smoking prohibited while supervising ch.						
	"family d.c. home": approved private dwelling unit where householder provides d.c. services. "family d.c. provider": person operating f.d.c. home in place of residence.	FAMILY DAY CARE HOMES: . certificate of approval by director. . require - completed questionnaire (prescribed by director), character references, certificate of sound mental/physical health & T.B. tests. .conform to local community health standards & free of fire & other safety hazards. . no other business to be conducted on premises . first aid supplies locked. . ind. carriage/crib/ playpen for infants up to & incl. 6 mths of age . ch. 6 mths req. safe & sanitary sleepg accond. suitable to age & satisfactory to ch. & parent. . telephone services. . same as *1, *2, *3	FAMILY D.C. HOME: . suitable/safe outdoor play space adjacent to home, or within walking distance (with supervision at all times).	FAM. D.C. HOME: . max. 8 ch. ranging from 6 wks - 12 yrs, incl. provider's own where: . no more than 5 (incl. provider's) between 6 wks - 6 yrs. . no more than 2 (incl. provider's) under 30 months. . no more than 3 (incl. provider's) 6 weeks to 30 months inclusive.	FAM. D.C. HOME: . provider able to function at desirable level according to duties & responsibilities. . min. 18yrs old . req. standing agreement with 2 alternate persons (18 yrs +) in case of illness, accident.. . parents to be advised of substitutes. . parents to be consulted on matters other than simple first aid & informed of all injuries.	FAM. D.C. HOME: . meals & snacks to meet nutritional requirements of ch. . provisions for special diet/ formula.	FAM. D.C. HOME: . services/hours according to agreement reached by parent & provider. . provider to discuss hygiene habit, health, nutrition, discipline & programming with parent. . provisions for activities appropriate to ch. age. . corporal punishment and isolation prohibited.	

ALBERTA

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
		Centres	Centres	Centres	Centres	Centres	Centres	
. Social Care Facilities Licensing Act. (ch. 5-14, amended Dec 5/83). . Day Care Regulations, 1981 (144/81 with amendments 276/83) (Alberta Social Services & Community Health).	"d.c. center": a (social care) facility providing care, development or supervision for 7 or more ch. under age 6 for more than 3 consecutive hrs/day, but no more than 24 consecutive hours. . Note: d.c. centres have 4 licensing categories (0 to 3) "d.c. facility": a d.c. center, fam. day home, nursery school. "nursery school": facility providing care, development/supervision for 7 ch. under age 6 for periods of 3 consecutive hrs or less/day for at least 12 consecutive weeks/year (other than programs under Department of Education Act). "net floor space": usable floor space - using outside measurements of rooms, within center, incl. hallways unencumbered, 1/2 sp. in washrooms. "operator": person or partnership holding licence.	. licence req'd when care/accomm. provided for 4 or more persons. . evidence of compliance -municipal,zoning, bldg. standards (Dept. of Labour/Uniform Bldg. Standards Act), fire regs. (Fire Prevention Act) & health. . facility: not more than 1 storey below ground or not accessible only by ladder/folding stairs/trap door, other than lofts. . ch. permitted in kitchen only under staff supervision. . water closets & lavatory accrd'g to Alta Uniform Bldg. Standards Act, in convenient location, accessible from ind. rooms & adjacent outdoor play space. . fixtures easily usable by children. . layout of rooms conducive to easy/effective supervision. . adequate accomm. for admin., intervw'g/food prep./maintenance/staff lounge & staff change area. . kitchen may be used as staff lounge except during food prep. time. Furnishings & Equipment: . in good repair, free from sharp, loose/pointed parts. . quantity in proportion to # and size of ch. . safe/suitable play materials & equipment. . cupbd. & storage of in/outdoor play mat./equipment/supplies easily accessible to ch.	Indoor: . Floor space: (playg/restg/sleepg) . 3 sq.m./ch. in all facilities, *1 . Nursery school: . 2.5 sq.m./ch. . ceiling height: min. 2.3 m. .max. center size:80 Outdoor: . adjacent to center or within easy/safe walking distance for 50% max. # of ch: -2.5 sq.m./ch. - under 19 mths, fenced on all sides & secure gates, *2. (unless ch./staff ratio = 1:3). - 4.5 sq.m./ch. for ch. 19 mths - 6 yrs. (fenced & secure) *3	. primary staff min: (effective August 1982) 0 -18mths-1:3 19 -35mths-1:5 3 -4years-1:8 5years-1:10 .max. grp. size 0 -18mths -6 19 -35mths -10 3 -4years -16 5years -20 Nursery School: . primary staff minimum: 0 -18mths-1:6 19 -35mths-1:10 3 -4years-1:12 5years-1:15 . Two adults on duty (one free to be with ch.) if 4 or more ch. present.	. at least one staff in centre to have first aid certificate. . staff positions, responsibilities, qualifications & experience req'd to be documented on licence application. . no person under 18 yrs to be solely responsible for care or well-being of ch.; may function as assistant under supervision of the adult primary staff. *1 . facilities to ensure adequate support staff to meet regulations	. balanced meals & snacks of adequate quality/quantity according to individual needs of children. . properly prepared/stored/served in sanitary conditions. . special diets on written instructions from parent/physician . utensils of size & shape to be easily handled by children. .ch. under 6mths to be held by adult during feeding. (ch. over 6mths-not albe to feed themselves to be held or seated in infant seats/high chairs).	. program to meet developm't needs of ch.; flexible & provide for rest, toilet, nourishment, in/outdoor group/ind., rigorous/quiet activities. *1 Ch. Management: . disciplinary action to be discussed with parents to ensure that it corresponds to that of a kind, firm, judicious parent. *2	. Note: Act covers a number of points for inspection/supervision/cancellation/appeal/issue of stop order. . Note: Regs. state operator of d.c. facility must be: ind. resident, partnership (solely Alta. residents), corporation (controlled by Alta. res. & incorp.), non-profit religious org., corporation under Ca. Corp. Act. . Note: Applications for licence req. writen evidence of compliance to regs. for facility, staff positions, descriptions/qualifications; emergency plans, written programs, floor plan. . Regs. require admin. recordkeeping.

ALBERTA (continued)

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
	"primary staff": persons gainfully or voluntarily employed with progs. who, for at least 50%/time responsible for safety, well-being, development of ch. "support staff": 50%/time on maintenance work, admin. consultation for effective functioning.	. ind. lockers... hooks for each child. .sep. cribs for each ch. under 19 mths - according to Hazardous Products Act (.5 m. apart) . sep. cot/bed/mat. for ch. over 19 mths (.5 m. apart). *1 . sleepg. space for under 19 mths separated from others. . general liability insurance coverage for ch. and staff. Ch.'s Health: . admin. of medication on written parental consent by same person on staff. *2 . no ch. under 19mths to be left unsupervised on a raised, unprotected surface. *3 . health standards to be developed with parents to initiate good health habits. *4 . smoking prohibited in area frequented by ch.*5						
	"family day home": facility within operator's private residence, provides care, devpmt/supervision for 3 7ch. under age 6, incl. operator's wn ch., no more than 4 are under age 2, for 3 hours 24 consecutive hours/day for at least 12 consecutive weeks/year.	Lic. Family D.C. Home: . cribs as in *1 . operator to ensure that ch. and clothing kept clean and dry. . same as *2, *3, *4, *5	Lic. Fam. D.C. Home: . indoor/outdoor same as *1, *2, *3.		Lic.Fam.D.C.Home . same as *1	Lic.Fam.D.C.Home . same as above	Lic.Fam.D.C.Home . same as *1, *2	

ALBERTA (continued)

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulation Policy	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
	Satellite Family Day Home System							
Administration Manual Family Day Care (Alberta Social Services & Community Health)	"satellite family day home": private residence, caring for no more than 3 preschool children not provider's own, no more than 5 preschool ch. in total incl. own. (all ch. 0-13yrs incl. when calculating max. #) "satellite family day home system": provincial network/ group of f.d.h. projects operating under terms, policies & procedures developed by D.C. Program & outlined in Admin. Manual. "sponsoring agency" ind.Alta. resident/ partnership/corporation of Alberta residents, who contracts with Dept. of A.S.S. & C.H. to sponsor a satellite f.d.h. system; agency may be solely administrator of f.d.h. project, or umbrella org. (fam. service association municipality, d.c. centre). . auspices may be public, private, community/parent group (profit, non-profit).	**. Note:** contractural agreement with agency based on assessment & approval of project proposal which includes: . description of service & clientele. . goals of service & community needs . service promotion . staffing (pos./traing/ qualific'n/roles) . providers (recuitement & selection methods/ eval. criteria/back-up service...) . child placement methodology. . fee collection. . use of resources/consultative support. . integration of special needs. . budget. . annual review & contract renewal. . agency: liability insurance for providers (blanket coverage or ind. coverage). (suggested min. - $500K) . providers advised to obtain home insurance with theft/damage & automobile insurance. . agency responsible for back-up providers (for 3 hrs/day).	. sufficient space both indoors & outdoors.	Project: coordinator -where sole responsibility is project supervises max. 20 homes. - where also responsible for d.c. center, or where 45 homes max. 7 homes supervised. . home visitor may supervise max. 35 homes. Provider: no more than 3 preschool ch., not incl. own, and no more than 5 preschool incl. own. - no more than 3ch. under 3yrs (preschool & under 6 yrs and not attending school full-time)	Project coordinator: . knowledge of e.c.e. devpmt, open-minded/good judgement, organzt'l, planning supervisory & community skills . sole respons. for project. Home Visitor: .practical knowledge of ch. devpmt & ability to supervise & train f.d.h. providers. Family Day Home Providers: .free of convictions of crime, child abuse/ neglect, or diagnosed as mentally ill, drug/ alcohol addicted . 18 yrs min. . physically/ emotionally capable of caring for young ch. . reference checks. . up-to-date immunization advised.	Provider: . balanced meals & snacks & adequate quality & quantity at appropriate times, accrdg to needs of each ch. & accrdg to Ca. Food Guide. . parents to provide formula, baby food & special diet. . food stored, prepared & served under sanitary conditions.	Project: . monitor homes at least once/ month, guide provider. . ensure standards. . provide opportunity for in-service training . arrange preplacement visits & placement criteria. . sign agreement between parent/ provider. Provider: . supervise ch. . discipline.... corresponds to that of a kind, firm & judicious parent. . report any suspected child abuse/neglect.	**. Note:** guidelines outline requirements for record-keeping finances, operation standards etc., with providers & use of standard forms **. Note:** Project agency/ sponsoring agency are interchangeable terms.
		Home Environment:	a) safe, clean, warm, well lighted and ventilated., b) telephone service					
		Equipment & Toys:	a) appropriate, good working conditions & compliance with fed./prov. safety standards (cribs, cradles, playpens)., b) available on rotating or permanent loan basis.					
		Health:	a) up-to-date immunization & medical information necessary for ch.'s safety prior to admission., b) report suspected communicable disease to Health unit., c) non-prescription & prescription meds. administered only upon written instructions from parent., d) all hazardous products & fire-arms inaccessible to children., e) emergency evacuation plan.					

BRITISH COLUMBIA

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
. Community Care Facilities Act (consolidated October 15/82). . Provincial Child Care Facilities Regulations (under C.C.F. Act; consolidated August/81) (Ministry of Health)	"community care facility": providers personal care, supervision social/educational training or physical/mental rehab. therapy, with/without charge to 3 or more persons not related by blood or marriage (excludes -home provdg d.c. for sibling group only, ie. 3 or more children).	GENERAL . first aid kit on premises & establish health program with med. health officer for ch. in facility. . satisfactory ventilation, light & sanitary facilities. . telephone service. . all hazardous products & meds. inaccessible & locked. . liability insurance (according to board). Furnishings/Equipment: . sturdy, safe construction, easy to clean, free from hazards.			GENERAL . all staff: physician's statement - health sufficient for job & T.B. test (revwd bi-annually). . one staff member to have first aid course where 7 ch. in centre.	GENERAL . conform with Ca. Dietary Standards, according to ch.'s age, food preferences, cultural backgrnd. . nutritious snacks & mid-day meal (1/3 dietary needs) depending on attendance.	GENERAL . program incls. comprehensive & co-ordinated set of activities for devpmt, care & protection of ch., based on ind. needs of ch. on regular basis, during any portion of 24-hour day. Ch. Management: . discipline to correspond with that of a kind, firm & judicious parent. . ensure that ch. not subjected to physical, verbal, sexual abuse, physical neglect or emotional deprivatn.	. Regs. stipulate requirements for application-qualification/experience of operator proposed staff, prog. descriptn, floor plan, projected revenue/ expenditures. . Regs. state requirements for admin. recordkeeping. Note: Early childhood education basic & post basic programs are established thru ind. training institutions (community colleges), approved by Min. of Education, & recognized by Prov. Child Care Facilities Licensing Board.
	"Prov. Child Care Facility Lic. Bd.": . 3 reps. each from Min. Health, Human Resources & 2 reps. from Min. of Ed. . establishes local Community Care Facility Licensing Bds. comprised of one member from ea. Ministry above to assess & issue interim permits... . (medical health officer under Health Act investigates ea. applctn; and complaint & inspects). Regs: "facility": community care facility for group d.c., family d.c., nursery school, child minding facility, out-of-school care, specialized d.c.	GROUP DAYCARE (I=3-6yrs) . no smoking except in designated staff area.*1 . no ch. kept overnite & for no 10hrs/day. *2 . 1 toilet: 10 ch. . ind. sleepg arrangmts (cot/foam mat. -7.62cm thick). *3 . changing table & disposable cover with washbasin near. *4 . indoor/outdoor play equipment/furnishings/ supplies approved by board. *5	GROUP DAYCARE (I) . max. 25ch./group . max. 75ch/facility Indoor: 3 m. clear sp./ch. (excludg hallways, storge, bathroom).*1 Outdoor: 7 m^2/ch. and fenced if surrounding environment potentially hazardous.	GROUP D.C. (I) . one responsible staff person on premises at all times.*1 . group d.c. supervisor on premises min. 3/4 time. . Ratio: 1:8-ch. 2:7 - 9 ch. 3:18- 25 ch. . req. senior supervsr where 3 groups of ch. cared for at one time. . if supervsr. absent for 1 wk temporary supervisor obtained & approved by board. *2 . each group to have under-three supervisor.	GROUP D.C. (I) ."grp. d.c. supervisor": . basic min. training req. by bd.; 12 mths experience in preschool prog. & registered with bd. as grp. d.c. supervisor. ."senior supervisor": basic minimum training req. by bd., preschool sup. letter of qualifctn/registered as under-3 sup. & several yrs practical experience in e.c.e. with demo. sup/admin. skills.			

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

Legislation Regulations Policy	LICENSING REQUIREMENTS AND REGULATIONS								
	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
	"group day care": prov. of care, opportunity for soc/emot./phys./intellectual growth in group setting for 3 or more ch: I:3 - age enter school (6yrs) II:18 - 36 months	GROUP DAYCARE (II = 18 - 36 months) . same as *1, *2, *3, *4, and *5 above.	GROUP DAYCARE (II) . max. grp. size:=12 . max. 36 ch. in facility. Indoor: . same as *1 above . 1 toilet: 12 ch. Outdoor: . 7 m2/ch. easily accessible & fenced.	GROUP D.C. (II) . same as *1 & *2 above. . Ratio: 1:4 ch. 2:5 - 8 ch. 3:9 -12 ch. . where 3 grps. in facility one under-3 supervisor = senior supervisor.	GROUP D.C. (II) ."under-3 supervisor": completion of infant care studies in prog/institute recognized/approved by bd. & registered as "under-3 supervisor".			Note: . Ministry of Human Resources funds d.c. support programs in the community which provide assmt/monitoring of fam. d.c. homes, recruitment/training of caregivers, info. & referral services to parents & public ed. (Source: Annual Report-MHR 82/83) (see page 4.)
	"family day care": prov. care in a home, incl. opportunity for soc/emot./phys./intellectual growth for 3 or more ch. from birth - age they enter school. -only 1 ch. under 12 mths at any one time.	Family day care: . same as *2 above . same as *4, *5 above . indoor/outdoor play area approved by bd.; fenced (outdoor) if potentially hazardous.	Family day care: . max. 5 preschool ch. & 2 school-age ch. at one time - including all ch. under 12 yrs. living or cared for in facility. . max. 2 ch. under 24 mths at one time.	Family day care . one responsible adult at all times. . additional responsible adult available for emergency.				
	"nursery school": prov. of care, (as above) for 3 or more ch. 32 mths to age enter school for periods 3 consecutive hrs.	Nursery schools: . same as *1, *5.	Nursery schools: . max. group size: 20 ch. . max. facility size: 60 . Indoor/outdoor same as group d.c.I	Nursery schools . same as *1, & *2 above. . Ratio: 1:15 ch. . for groups 15 - one assistant req'd. . one senior supervisor required where 3 groups at one time.	Nursery schools . "preschool supervisor": person to whom letter of qualification (licence/interim permit) has been issued by bd.			

Legislation Regulations Policy	LICENSING REQUIREMENTS AND REGULATIONS							
	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
	"child-minding": prov. of supervised group care for ch. 18 mths - age they enter school for not more than 3hours/day, 2 days/ week.	CHILD-MINDING . same as *1 . 1 toilet and washbasin: 10 children. . same as *4, *5	CHILD MINDING all ch. over 3 yrs: .max. 20ch./grp. .max. 60ch./facility one or more children under 3 years: .max. grp. size:15 .max. 45ch./facility Indoor: . same as *1	CHILD MINDING . same as *1 above. . Ratio if ch. under 3 present: 1:4 ch. 2:4 - 8 ch. 3:9 -12 ch. 4:13-15 ch.	CHILD MINDING			Note: . Special needs children may also be integrated in any of the above programs (profit/ non-profit) . In some areas screening community of professionals/staff/parents provides assessment & referral of special needs children to approp. source. . Infant Development Program (home-based for ch. 0 - 3) available to parents of children with developmental delays. (Source: Annual Report-MHR 82/83)
	"out-of-sch. care": prov. of care, inclg. social/recreational exp: for school ch. for periods before & after school hours.	OUT-OF SCHOOL CARE . during vacation period no care longer than 10 hrs/day. . one toilet and washbasin: 15 children.	OUT-OF SCHOOL CARE . grade 2/above: .max. 25 ch./group. .max. 75ch./facility . same as *1, *5. . outdoor play area fenced if environment potentially hazardous.	OUT-OF SCHOOL . same as *1 above . ratio: under 7yrs-1:10 7yrs +over-1:15	OUT OF SCHOOL . where 3 grps. or more - a responsible adult approved by bd. to be in charge.			
	"Specilized D.C": prov. of care, includg. opportunity for soc/emot./ phys./intel. growth for 3 or more special needs ch. up to age they enter school in grp. setting for periods not more than 10 consecutive hours. . where 50% or more children = special needs.	SPECIALIZED DAY CARE . no smoking except in designated area. . progs. 4 hrs/day - ind. sleeping arrangements as in *3, above. . one toilet/washbasin: 8 children. . same as *5, above.	SPECIALIZED DAY CARE . place ch. in age groupings appropriate to needs of each child, in consultation with professional persons. .max. 15 ch./group. .max. 45ch./facility with not more than 40 special needs. Indoor: .4 m^2/clear floor/ ch. exludg hallways/ storage/bathrooms. Outdoor: . readily accessible of 7 m^2/ch. fenced where environment potentially hazardous. . ramps	SPECIALIZED D.C. SPECIALIZED DAY CARE . group day care supervisor with specialized training present and in charge. . assistant experienced & trained in special needs for each group of 5 children. . senior supervisor for each facility where 3 groups of children in care. . same as *2, above.		SPECIALIZED D.C.		

Legislation Regulations Policy	
GAIN ACT & Regulation (filed August 23/76) "Guaranteed Available Income for Need Act" (Ministry of Human Resources)	Act - Section 2, 5, 22 provides income assistance or social services. Regulation - Section 4(1), 28; schedules D & E outline criteria for subsidizing children in the following programs: licensed family day care, group day care centres, out-of-school care, nursery school, in-home day care (only for shift-working parents). Note: UNLICENSED FAMILY DAY CARE: . provision of day care in a private home (other than the child's own home) for one or two childen in addition to caregiver's own children, or, for a sibling group consisting of 3 or more children. . Requirements: - minimum 19 years of age. - completion of application to provide day care services (form CW 125) - parents locate caregiver and recommend to local MHR (Social Service) office that home be approved for subsidy purposes. . Approval/Screening Methods: - a standard (policy/guideline/criteria) for approval of homes haven't been delineated by MHR central office in Victoria. This office acts as a resource paly, for regional/district offices, social workers are encouraged to inspect homes for safety/health features and to inquire about routine and activities in caregiver's home. - methods of screening and approval vary from region to region. . Pilot Projects Underway: - three Family Day Care Support Programs. - non-profit societies on contract to MHR to recruit/screen/assess and monitor family day home caregivers.

YUKON TERRITORIES

PROVINCIAL/TERRITORIAL DAY CARE STANDARDS

LICENSING REQUIREMENTS AND REGULATIONS

Legislation Regulations Policy	Definitions	Physical Enviro/ Health & Safety	Space and Group Size	Children: Staff Ratio	Staff Qualifications	Nutrition	Programming	Other
Day Care Ordinance - 1979. Day Care Regulations 1980. (Dept. of Health & Human Resources)	Ordinance: . "d.c. service": 7ch. up to 6 yrs. 3 24 hrs. of care ."family day home": 4 6ch. upto 6yrs. 3 24 hrs. of care	physical requirements: . need to meet zoning, building, fire, electrical safety, public health & gas safety regulations of area in which facility is located.	center and f.d.h.: . net floor 4 sq.m./ch. full-time. . min. ceiling height of 2.3 m. . outdoor: 5 sq.m./full-time child.	Centers: 0 - 2yrs - 1:6 2 - 6yrs - 1:8 . 2 staff for every 6 ch. in attendance.	. min. 18 yrs old . "competent for position description." ."primary staff": ability to communicate with & be accepted by young child and awareness of early childhood development.	. "nourishing food of adequate quality & quantity".	. planned daily schedule for rest, toilet, nourishment, indoor & outdoor group & includg. vigorous and quiet activities . all activities to be supervised . consider: developmental needs of ch., staff capability, parental satisfaction & use of outside resource persons.	
	. day care service board: -chair + 4 members, one appointed by Director, Human Resources. -receives application/inspects facility and grants license.	. centers & f.d.h. to carry public liability insurance inclusive of off-premises coverage. . health & safety: . written statement by parents re: child's health status. . written parental consent for admin. of meds. . medical examination for admission and annual T.B. test. . yearly inspection of facility.		FAM. DAY HOME: . no more than six ch. under 6 yrs. includg. caregivers own children.	. "support staff" demonstrated personal traits suited to young ch. & understanding of basic aims of progs.			
NORTHWEST TERRITORIES								
None at present (Department of Social Services).	D.C. centers, family day homes and private sitters are approved for subsidy purposes at the discretion of social workers from the Department. Note: Family day homes in Yellowknife are approved under the YWCA, based on requirements similar to those established in Alberta (Satellite family day home system).							

ENFORCEMENT OF PROVINCIAL DAY CARE STANDARDS

Prepared for the Task Force on Child Care
Tamra L. Thomson
January 1985

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ENFORCEMENT OF PROVINCIAL DAY CARE STANDARDS

Introduction

The purpose of this paper is to examine how provincial governments ensure compliance with their day care standards. It is intended to be read in conjunction with the report, Day Care Standards in Canada,[1] and will build on the information compiled therein.

Enabling legislation and regulations in each province establish certain powers and procedures to enforce the day care standards. The law in each province will be outlined along with notes on how it is implemented. The information on enforcement practices is based on conversations with senior officials responsible for day care in each province and is intended to give a general overview. Evaluation of the effectiveness of these procedures is not within the purview of this study and would require more detailed field research.

The first part of the paper will give the reader a brief introduction to the situation across the country. Provinces will be compared on such terms as frequency of inspections, who inspects, how unlicensed facilities are handled and how breaches of the law are dealt with.

The paper will then examine each provincial regime in more detail.

I. PROVINCIAL ENFORCEMENT: AN OVERVIEW

Inspection of Facilities

All provinces ensure compliance with day care standards through regular inspections by government officials. Minimum frequency of visits is determined by law in all provinces but Quebec. The usual required frequency is once a year. In practice, visits usually occur more often than the legal requirement. Particular attention is paid to facilities with a history of non-compliance, and complaints are responded to promptly.

Who Inspects

In six provinces (Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Prince Edward Island), the inspectors work exclusively in the day care area. This is also true for urban centres in Alberta and in St. John's, Newfoundland. Inspections for an initial licence application in Nova Scotia are handled by the day care supervisor.

In less populated regions, Alberta and Newfoundland rely on government social workers with the additional responsibility of carrying out day care inspections. Nova Scotia does the same for inspections required for licence renewals. In British Columbia, all investigatory responsibility has been delegated to the medical health officer in each public health unit in the province.

Role and Qualifications of Inspectors

To help day care operators meet their obligations under the legislation to provide quality programming, day care inspectors often play the additional role of day care consultant. Regular visits may be scheduled for this purpose, or they may be at the request of the operator. Some provinces publish materials available to operators concerning planning activities and menus, or giving advice on start-up requirements.

Many inspectors have early childhood education training or equivalent training or experience. However, such qualifications are generally not a job requirement.

Specialized Inspections

While day care office staff ensure compliance with "day care related" requirements (programming, menus, child:staff ratio, etc.), other specific regulations call for specialized inspections of the physical plant. The most common of these are health and fire safety. Most provinces rely on inspectors from the medical health office (or equivalent) and fire marshall's office (or equivalent). These inspections may or may not be conducted as often as day care inspections.

Other types of specialized inspections may include building standards and zoning compliance. These are generally done only upon the initial licence application or if any material change is made to the physical plant.

Where there is suspicion that child abuse is occurring within a facility, some provinces have a cross-specialization team to conduct the investigation. The child abuse team is generally within the child welfare branch of the government. British Columbia, Alberta and Ontario, for example, use this integrated approach to respond to all allegations of child abuse.

Private Day Care Homes

In those provinces giving some official recognition to private day care homes, the standards, and consequently the enforcement requirements, are generally not as stringent as those for centres. In New Brunswick, for example, community day care homes are spot-checked, but not inspected on an annual basis. In Ontario, private-home day care agencies are responsible for ensuring that the homes under their supervision comply with regulations. Ministry program advisors do occasional spot-checks of the homes.

Unlicensed Facilities

It is relatively easy to determine if licensed or approved facilities are meeting standards set by legislation. The provincial licensing authority knows who the operators are and where the operation is located. The facility can be inspected as often as time, human resources and priorities permit. Facilities operating outside the law provide a more difficult challenge. The operation must come to the attention of the provincial authorities before they can act to ensure that standards are adhered to.

Seldom does a full-fledged day care centre open without the operator realizing the need for a licence and applying for it. The more usual situation is a private home taking in more children than permitted without a licence.

Departmental budgets and staff complements do not permit very active campaigns to seek out unlicensed facilities. Day care officials rely largely on word-of-mouth information to learn of these situations. Complaints may come from neighbours or dissatisfied parents in the case of overcrowded homes; from other licensed operators or concerned staff members for larger facilities.

Some enforcement officers check classified ads or community service bulletin boards (from time to time) for day care services that may be operating outside the law. Some regional offices in Alberta, for example, publish licensing standards information in the classified ad section to educate parents on things to look for when they are seeking child care. Many provinces provide the same information in brochures made available to parents.

According to government officials, an unlicensed operator has usually not applied for a licence because of ignorance of the legal requirements, not because of a flagrant disrespect for the law. This is particulary true with those provinces just establishing a comprehensive set of standards (Quebec, for example) or for a period of time after licensing or approval requirements are changed (as in New Brunswick's approval system for community day care homes).

Officials in Saskatchewan do not take action against unlicensed operators, as it is not clear that they have the power in law to do so. The law is currently under review and this problem is among those being addressed.

Powers to Enforce

In most provinces, the law grants to certain government officials (the minister or her/his representative, the director or her/his representative, etc.) some power to enter premises for the purpose of inspection. This power may be unlimited, i.e., facilities must be open to inspection at all times. Alternatively, certain restrictions may be placed on the right of entry; for example, where a complaint has been laid (as in New Brunswick); or if there are reasonable grounds to believe that the facilities are not complying with the law (as in Quebec). In Saskatchewan, it is unclear whether there is a power to enter unlicensed facilities. In some provinces, the right to inspect the books of a day care facility is specifically granted.

Powers of entry have been brought into question in light of the Charter of Rights and Freedoms guarantee against unreasonable search and seizure (s.9). Consequently, these powers may be clarified or limited as provincial governments review their laws to ensure Charter compliance.

Violations of requirements under the legislation or regulation are initially subject to a warning to the operator, who is given time to rectify the situation. Repeated refusal to comply with the law can result in a suspension or cancellation of the licence or approval; or the contravenor can be charged with an offence.

Some provinces have included in their laws detailed procedural protections for an operator facing licence suspension or cancellation. In any case, such action would be subject to the rules of natural justice, which allow the operator certain rights such as the right to know the case against him or her, the right to notice, the right to a hearing before an impartial person, and other rights intended to ensure fairness in the procedure.

Offences set out in the legislation follow the summary conviction procedures in a given province. Established penalties are set out in Part II of this paper.

In the vast majority of cases, day care officials find that warnings are sufficient to get the operator to comply with the law. They rarely resort to using the more serious sanctions. Follow-up inspections after a violation is corrected are handled according to the priorities set by the particular provincial office.

II PROVINCIAL LAWS AND PRACTICES

British Columbia

The Community Care Facility Act, R.S.B.C. 1979 c.57. as am., establishes the Provincial Child Care Facilities Licensing Board, which is responsible for licensing designated child care services. Authority to investigate facilities is delegated to the medical health officer in each municipality (s.9); specifically the responsibility to investigate every licence application and complaint against licensed or unlicensed facilities, as well as to carry out regular inspections of licensed facilities. There are twenty-one public health units in the province.

In practice, inspections are made by public health inspectors or public health nurses with regularity according to the priority established by each medical health office. Prior to 1982, an inspection of each licensed facility was required at least once a year. When child abuse is alleged, the child abuse team under the Ministry of Human Resources coordinates the investigation. Right of entry to facilities is granted in the Act (s.11). The medical health office reports the findings of the investigation, along with recommendations, to the Licensing Board.

The Licensing Board has the authority to cancel or suspend licences. Procedures have been established by the Board to guarantee a fair hearing to the licensee before such action is taken. Few cases ever reach the stage of a Board hearing: most problems are settled after warnings by the medical health officer.

Specialized inspections are conducted by the appropriate responsible authorities. For example, the fire marshall inspects to ensure compliance with applicable fire regulations.

The penalty for contravention of the Act or regulations is a fine of not less than $50.00.

Alberta

Under the Social Care Facilities Licensing Act, R.S.A. 1980 c.S-14, as am., an officer may enter and inspect a day care centre with or without the permission of the operator to ensure compliance with the provisions of the Act (s.6). Licensing officers reporting to a regional director in each of six regions conduct the inspections. In practice, licensed facilities are inspected at least every three months. An officer can make an order in writing to comply with the Act within a prescribed time period (s.7). Inspection powers can be delegated to a local board of health, pursuant to the Institutions Regulation, Alta. Reg. 143/81 under the Public Health Act, R.S.A. 1980 c.P-27. Proof of inspections by the local board of health and the fire prevention branch are necessary for renewal of a day care licence (Alta. Reg 144/81 s.4(2), as am.). Child welfare officers become involved if there are any allegations of child abuse. The director of social care facilities has the power to cancel or suspend a day care licence if the provisions of the Act are not being met (s.8). Notice and hearing requirements are set out in the Act and an appeal can be made to the Minister of Social Services and Community Health. Few complaints reach the point of a cancellation or suspension hearing.

In some regions, there is a proactive attempt to seek out unlicensed family day homes through announcements in the classified ads. Parents thus learn what the licensing requirements are as they search for day care for their children. It should be noted, though, that parents do not often notify the authorities about legal transgressions if they find the child care to be satisfactory.

Those who fail to comply with the law can be liable for a fine of no more than $500.00 and no more than $100.00 a day for each day the offence continues.

Saskatchewan

Enforcement powers can be found in the Day Care Regulations, Sask. Reg. 213/75, as am., made pursuant to the Family Services Act, R.S.S. 1978, c. F-7, as am. Applicants for a day care centre licence or renewal thereof must show that the centre has been approved by the medical health office and fire inspector (s.16(8)). In addition, a director of day care services must give a written assessment of the centre (s.16(9)). Thus three inspections, for different purposes, are conducted at least once each year.

Family day care homes require the approval of the director of day care services, and inspections are made at least once each year (s.29). The home must comply with community health standards and be free from fire and safety hazards (s.30). However, fire and safety inspections are not an annual requirement.

Six program consultants, employees of the Department of Social Services, inspect day care facilities in addition to providing development consultations to staff.

The Day Care Branch does not seek out unlicensed facilities, since it is not clear in the Day Care Regulations or the enabling legislation that the

Branch has the power to do so. This problem is being examined in a current review of the law. Licensed and approved facilities must be open for inspection at any time (ss.27 & 37). The director has the power to rescind or withdraw a licence or certificate of approval for non-compliance (s.3). This power is not invoked very often, since warnings are usually sufficient to make the operator comply.

Manitoba

The Community Child Day Care Standards Act, C.C.S.M. c.C158, sets out the applicable enforcement provisions. Day care coordinators employed by the Department of Community Services and Corrections conduct the investigations. Coordinators act both as inspectors and as resource people to licensed facilities. Health, fire and building inspections are conducted by specialized personnel: by City of Winnipeg personnel within the city and by provincial government personnel in other parts of the province.

Facilities alleged to be operating without a licence are investigated when a complaint is received or they otherwise come to the attention of the director.

The director of child day care services may issue a written order to comply with the Act if he is satisfied that the facility does not do so or is hazardous to the health, safety or well-being of children in the facility (s.17). The director may also refuse, suspend or revoke a licence (s.18). Notice provisions are outlined and the decision may be appealed to the Social Services Advisory Committee (ss.18, 19). Penalty for contravention of the law (s.35) is a fine of not more than $1000.00 and $200.00 a day for a continuing offence.

Ontario

The Day Nurseries Act, R.S.O. 1980 c.111, as am., permits the appointment of program advisors, charged with general administration of the Act (s.16). Program advisors may or may not be provincial government employees. In fact, all are government employees, working in area offices of the Ministry of Community and Social Services. Program advisors have power of entry to premises for the purpose of inspection. Renewal of a licence requires an inspection, so each day nursery is visited at least once a year and usually more often. More frequent inspections are made of centres with a history of problems in complying with the statutory requirements.

Private-home day care agencies are responsible for ensuring that day care homes under their supervision meet the standards. Program advisors also conduct spot-checks of homes from time to time. Investigations of facilities suspected to be operating without a licence are generally made in reaction to a complaint.

A licence may be refused or revoked if, among other things, the Act is not being complied with or the facility is being operated in a manner prejudicial to the health, safety or welfare of the children in care (s.12). Notice must be given by the director and the licensee is entitled to a hearing before the Children's Services Review Board (s.13). The director may also suspend a licence if an operator fails to comply with an order under the Act (s.15). The director may apply for a court injunction against a person operating without a licence, or if there is a threat to the health, safety or welfare of the children cared for (s.17). Again, problems with compliance are generally solved at the local level and recourse to the Board of Review or courts is seldom necessary.

Penalty for contravention of the Act is a fine of up to $1000.00 a day and/or a sentence of up to one year in prison. Obstruction of an inspection by a program advisor may bring a fine of not more than $2000.00 and/or up to two years in prison (s.21).

Quebec

Regular inspections of child care facilities are not required by the Loi sur les services de garde à l'enfance, LRQ 1980, c.S-4.1 (mod.), or the regulations thereto. In practice, however, an inspector visits each facility when a licence application or renewal is made: once every two years. More regular visits are made by liaison agents to provide advice on programming and other standards to centre staff. Inspectors respond to breaches of standards reported by liaison agents or to complaints from the public.

An inspector may enter any premises on a reasonable belief that the law is not being complied with (s.34). The Office learns of premises alleged to be operating without a licence from public complaints (usually from parents or staff members) or through reading newspaper ads for day care services.

A permit may be suspended or revoked by the Office if an operator does not comply with the regulations. If a permit is refused, cancelled or suspended, an appeal lies to the Commission des affaires sociales (s.42). Fifty cases were heard by the Office from October, 1983 to October, 1984. Of these, 49 complied with the changes ordered. One order was appealed by the operator.

Penalty for contravention of the Act is a fine of $200.00 to $1000.00 for an individual, or $500.00 to $2000.00 for a corporation. Subsequent offences within two years carry a fine of $400.00 to $800.00 for an individual or $1000.00 to $4000.00 for a corporation. Costs can also be levied against the defendant (s.74).

New Brunswick

The Child and Family Services and Family Relations Act, R.S.N.B. c.C-2.1, empowers the Minister of Social Services to investigate a day care centre or home where it is alleged to be:

- operating without ministerial approval;
- not complying with the regulations;
- of inadequate quality; or
- dangerous, destructive or damaging to the child. (s.27)

The Minister may delegate authority to an employee of the Department of Social Services or an approved community social service agency. Investigations of approved facilities are in fact conducted by two consultants who are employees of the Department. Inspections of the premises to check the building and program requirements are conducted once a year. In addition, 20 per cent of the facilites in the province are spot-checked each year. A consultation visit (by the same provincial official, but not for the purpose of a formal inspection) is also required yearly.

Community day care homes (which require approval only, not a licence) are subject to spot-checks only, not the regular annual inspections.

Inspections by the local medical health officer and the fire marshall (or an appropriate person under the Fire Prevention Act) must be made before approval is granted. Such inspections are made annually thereafter.

Unlicensed or unapproved facilities are generally discovered through a complaint to the director of day care services. An inspection is made within two weeks of receiving a complaint. Many operators thus discovered are cooperative in meeting the requirements for approval. Those who cannot or will not meet the approved standards must comply by cutting back on the number of children in care or cease to provide day care. In these situations, the consultants may follow up with periodic spot-checks to ensure continuing compliance.

Non-compliance with the Act constitutes an offence and may carry a penalty of not more than $1000.00 and/or up to six months imprisonment (s.138). The Minister may also suspend or revoke approval. These penalties have not, in fact, been invoked.

Nova Scotia

Pursuant to the Day Care Act, S.N.S. 1978, c.6, as am., the director or a person acting on the director's behalf may enter and examine a day care facility or place which is reasonably believed to be operating as a day care facility (s.8). The director and supervisor of day care services act as inspectors, as do a number of officers in district offices of the Social Services Department. All inspections for an initial licence application are made by the supervisor. The yearly inspection necessary for a licence renewal can be done by the district officer, who sends a report to the supervisor. More visits may be made to a facility during the year if problems were discovered during the annual inspection.

Local officials in the Department of Health inspect facilities two or three times a year and a fire marshall's inspection is required every two years. Any problems are then reported to the director.

Facilities operating without a licence are discovered either through complaints or through occasional checks of ads in newspapers or on community bulletin boards.

The Minister of Social Services must give notice in writing of a licence cancellation, suspension or refusal. Appeal lies to the Minister, who may be requested to review his decision (s.6). Again, most operators comply with the requirements of the Act without the Department having to resort to this course of action.

Penalty for contravention of the Act is a fine of not more than $100.00, or imprisonment in default of payment (s.13). A fine may be imposed for each day the offence continues (s.14).

Prince Edward Island

The Child Care Facilities Act, R.S.P.E.I. 1974, c.C-5, as am., establishes the Community Child Care Facilities Board to carry out the administration of regulating child care facilities (s.3). Inspectors appointed under the Act are empowered to make periodic inspections of child care facilities, which must be conducted at least once every 12 months (s.9). Three types of inspectors have been appointed under the Act: one employee of the Department of Social Services, who also acts as secretary to the Board and the day care coordinator; one person from the fire marshall's office; and three community hygiene officers from the Department of Health. Facilities are inspected by each type of inspector at least once a year. More frequent inspections may occur if problems have arisen with a particular facility.

Inspectors are not granted any right of entry under the Act. This has not proved to be a problem with licensed facilities, since licensees have not refused entry. However, operators suspected of working without a licence have occasionally refused access to the premises.

Unlicensed premises are generally discovered through complaints by parents or other operators. Those facilities that then comply with the legislation by cutting back the number of children in care (instead of applying for a licence) are monitored by the day care coordinator for a period of time.

The Board may revoke or refuse a licence. Notice and hearing requirements are set out in the Act. An appeal lies to the Supreme or County Courts in the province (s.7). The Board has not had to revoke a licence, nor has it had to hold a hearing. Compliance with the law has been ensured before that stage.

Penalty for non-compliance may be a fine of not more than $100.00 a day. However, a person found guilty of an offence must be given a period of time up to 28 days to comply with the provisions of the Act (s.11).

Newfoundland

The Day Care and Homemaker Services Act, S. Nfld. 1975, No. 67, as am., establishes the Day Care and Homemaker Services Licensing Board (s.5) and directs the appointment of a Director of Day Care and Homemaker Services under the Minister of Social Services (s.4) for the purpose of issuing licences to day care centres and administering the Act. Inspectors, including social workers for the Department of Social Services, may be appointed.

Inspections of licensed day care centres must be made at least every six months (Nfld. Reg. 219/82, s.6). Social workers with the Department of Social Services carry out these inspections in addition to their other responsibilities. In the St. John's office, one social worker has been assigned to deal exclusively with day care and homemaker services. The Act grants right of entry to both licensed day care centres and facilities suspected of operating without a licence (ss.17, 18). An annual inspection is made by the Licensing Inspection Board to ensure that fire, health and safety regulations are adhered to.

The Board may cancel or suspend a licence for reasons established in the _Act_ (ss.11, 12). Operators generally comply with regulations before this stage. Proceedings for notice and hearing are established for a cancellation of licence, but not for a suspension.

Social workers generally learn of facilities operating without a licence by word-of-mouth. This is particularly true in smaller centres. Licensed operators are also likely to report unlicensed facilities. Failure to comply with the _Act_ is an offence carrying a fine of not more than $500.00 for the first offence or not more than $1000.00 for subsequent offences (s.22).

FOOTNOTES

[1] Prepared for the Task Force on Child Care by Hélène Blais Bates, October 1984.

APPENDIX A

Provincial Officials Consulted for Information on Enforcement Procedures

Elizabeth Crawford, A/Director
Day Care and Social Services
Newfoundland

Kathy Rochon
Day Care Coordinator
Prince Edward Island

Elizabeth Bessitt-Sagar, Director
Day Care Services
Nova Scotia

Yvette LeBlanc, Director
Day Care
New Brunswick

Stella Guy, Présidente
Office des services de garde à l'enfance
Québec

Adele Scott-Anthony, Coordinator
of Day Nurseries Standards
Ontario

Drew Perry, Director
Child Day Care Program
Manitoba

Deborah Bryck, Assistant Director
Day Care Branch
Saskatchewan

Melanie Hotz, Executive Director
Day Care Branch
Alberta

Gayle Davies, Child Care Consultant
for Public Health
British Columbia

DAY CARE QUALITY: ITS DEFINITION AND IMPLEMENTATION

A Paper Submitted to the
Task Force on Child Care

By Dr. Donna S. Lero and Irene Kyle
January 8, 1985

THE OPINIONS EXPRESSED IN THIS PAPER ARE THOSE OF THE AUTHORS AS PRIVATE CITIZENS AND DO NOT NECESSARILY REFLECT THE OPINIONS OF THEIR EMPLOYERS, OR OF THE TASK FORCE ON CHILD CARE.

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DAY CARE QUALITY: ITS DEFINITION AND IMPLEMENTATION

1.0 INTRODUCTION

Perhaps no single issue related to child care is as complex and controversial as the issue of quality, nor as critical to the well-being and future development of Canada's children. Parents, providers, and government are deeply concerned about this issue and professionals and researchers are expending considerable effort studying the factors that contribute to differences in quality and the effects of those differences on caregivers and children. It is still difficult, however, to define clearly and to measure what we mean when we speak of quality child care.

Some of the difficulty in defining quality child care relates to our general use of the word "quality," and the connotations we attach to it. Child care itself is often viewed in different but not necessarily contradictory ways (i.e., as a service to enable parents to work, as a service that is oriented to enhancing children's development, and as part of a comprehensive set of child welfare and family support services). Emphasis on one or any other of these functions then results in the use of somewhat different criteria for judging quality child care.

Similarly, basic distinctions between centre care and family day care (whether provided in the child's own home or that of another) raise questions about the generality of quality criteria, and the appropriateness of various measures that may be used to develop and maintain quality in these different settings.

A third difficulty relates to the very complexity of the topic itself, since a large number of inter-related elements affect the quality of care.

Finally, professionals in the field and researchers have only recently addressed this issue in a systematic fashion. As new studies are reported and reviewed, and new understandings emerge, there is also a theoretical shift in the way the problem is viewed, resulting in a reconceptualization of the subject.

As a consequence, this paper cannot provide definitive answers to many of the fundamental questions concerning quality care. This paper will, however, attempt to integrate what is known at this time, and to identify those questions and dilemmas that remain unresolved. Suggestions for methods that may be used to ensure or encourage quality caregiving in day care homes and centres are also provided.

1.1 A Definition of Quality Child Care

The definition of quality that we propose is the following:

> **Quality child care is care provided by knowledgeable, committed and sensitive caregivers in a milieu that supports their efforts to provide an optimal environment designed to foster children's well-being, development and competence. Care provided in this manner explicitly**

> recognizes the needs of parents for caregiving that supports and strengthens their child-rearing efforts through effective and informative communication and mutual respect.

We have developed this definition with the following principles in mind:

1. Quality child care is care that meets the needs of both parents and children.

2. Quality child care depends upon the characteristics of caregivers, the physical setting, and the support for such services provided by society at large.

3. Quality child care is most likely to result when parents can make an informed choice among child care options and when parents and providers recognize that they are peers in the shared care of the child.

4. There are many different factors that affect quality care, and many components of quality caregiving. Efforts to understand and to support quality care are best undertaken from an ecological viewpoint that is rich enough to encompass that complexity.

1.2 Scope and Limitations of Existing Knowledge and Research Findings Related to Quality Care

> What are the factors that affect the quality of caregiving in day care centres and in family day care homes?
>
> What effects do those factors have on caregivers? On parents? On children? On their interactions?
>
> What are the most effective and cost-efficient ways to develop and maintain quality in home and centre settings?

It is important to observe at the outset that sophisticated research and insightful examinations designed to answer such questions as the above have barely begun. There are two main reasons why we don't know more about contributors to and effects of various elements related to quality caregiving. The first reason reflects the state of the field - research on day care is still a very recent phenomenon. The second reflects some of the methodological difficulties inherent in studying this very complex social phenomenon.

Pence (1983) has described research on day care as occurring in four generations. The first two, begun in the late 1960s, focused on examining whether long-term, daily separations of young children from their parents would harm the children's development or negatively affect the quality of parent-child attachments. The third generation, beginning in 1973, began to compare centre and home care arrangements to determine, in effect, which was better. The fourth generation, which made its appearance as recently as 1979 in the published literature, has begun to address the fact that there are significant variations among centres and among homes. This research has just started to identify the sources of variations in quality and their effects on caregivers, children and parents. It has also matured to the point of considering factors outside the immediate care setting as determinants of quality care, and to the point of considering complex, interactive outcomes of child care (i.e., the effects of care on parent-child relationships). In effect, research on day care is growing up, progressing from simple conceptualizations of questions and issues to recognition of the real complexity of day care. It is also growing out, moving beyond research conducted only in university-based centre programs to research on the whole range of care settings in communities, and moving out of the closed circle of caregiver-child interactions to consider the wider ecological context in which those interactions take place.

Several very important research studies have been published in the last few years. Among them are:

1) the National Day Care Study (NDCS) which examined the impact of differences in adult:child ratio, group size and child-care-related training on caregivers' behaviour with children, and children's behaviour and developmental test scores in urban federally-funded centres;

2) the National Day Care Home Study (NDCHS) which focused on caregiver-child interactions in licensed (registered), unlicensed, and sponsored family day care homes;

3) the "Bermuda Studies," research undertaken by McCartney and her colleagues, which studied the effects of overall quality differences in day care environments, and the impact of differences in the quantity and quality of adult-child verbal interactions on children's language scores and language use;

4) a study conducted by Howes in 1983 which identified several factors that affect the quality of caregiver behaviour in centres and family day care homes serving toddlers; and

5) research undertaken by Vandell and Powers (1983) which compared caregiver-child interactions in high-, middle- and low-quality centre programs.

These five recent research studies constitute the best evidence we have that specific elements readily observable in centres and in day care homes have direct and significant impacts on caregiver-child interactions and on children's development. As yet, they constitute only the beginning of what is hoped will be a significant contribution to social research that can be directly translated into sound policy and practice. The results of these five studies are integrated in the presentation that follows, which also includes research findings from other, earlier investigations.

A second point that must be discussed at this time are the real difficulties involved in conducting rigorous research in this complex area. Among them are the following:

1) Day care is a very complex social phenomenon. In order to even begin to answer scientific research questions, researchers focus on small pieces of the day care puzzle. A small sub-set of the whole is examined as carefully as possible. Yet the two or three pieces that fit together are only meaningful when viewed in the wider context - a basically incompatible circumstance until enough pieces have been examined.

2) Day care does not lend itself to experimental studies, the scientist's main tool for addressing cause-effect relationships. Children and families can not be randomly assigned to centres or home caregivers. The children in any given day care environment or circumstance vary considerably in what they and their families bring to the day care context - differences in day care history being just one of many factors. Hence, experimental, or even statistical control of "confounding" variables is impossible.

3) There are measurement difficulties. What does one measure when one wants to assess quality caregiving or the effects of day care on children's development? As McCartney has stated, "Indices of day care environments include staff:child ratio, staff training, group size and various measures of the physical facilities. It is possible that important aspects of children's everyday experiences are not fully captured by these index variables ... which may be too broad to capture important differences in children's experiences."1

   Similarly, the use of global, standardized tests of intellectual and social development as outcome measures has been criticized as inappropriate and insensitive for studying the effects of daily experiences in child care settings. Unfortunately, while the need to answer important social questions about day care exists now, sensitive, reliable and valid measures are still being developed.

   It is important, too, that measures not be biased. A number of researchers who are attempting to assess qualities of family home day care environments have found that measures developed to assess quality characteristics of centre-based care do not translate easily into adequate measures of quality care provided in home settings.

4) Research on day care centres, home day care providers and families who use day care services depends on voluntary cooperation. In all likelihood, providers who agree to be observed providing care, and centres and parents who agree to participate in studies, differ in some ways from non-participants. We do not know the extent to which self-selection factors bias the obtained results.

These are the major methodological difficulties that one must be aware of when reviewing research in this field. There are many important research questions that have not yet been asked, or adequately phrased at this point in time. However, one of the major uses of review papers and task forces is to raise these questions and to heighten attention to their presence and their need to be answered. It is hoped that this paper will contribute to that process.

2.0 CONCEPTUAL ISSUES IN DEFINING QUALITY CARE

Despite the fact that quality child care is a goal shared by all parents and professionals in child-related disciplines, defining that term is extremely difficult. In the course of reviewing the day care literature, we found that there was no single shared definition that was in use or available to us that adequately captured its meaning. While descriptive lists of features of a good child care environment or good care providers were available, the lack of a concrete definition reflecting an underlying sense of purpose and value was notably absent.

The reasons for that absence, we believe, stem primarily from the semantic connotations attached to the term "quality" or "high quality." Also, there are different conceptions of what the goals and functions of day care services are or should be and, hence, different criteria for evaluating its quality (or success in meeting those goals). As well, most professionals focus on only one part of the day care system (e.g., centres) and fail to address themselves to underlying issues that cut across modes of service delivery. Finally, the overall quality of day care provided in any given situation is affected by a complex set of inter-related factors that can result in it having certain desirable qualities or features, while lacking (or needing improvement or change in) others. Given this circumstance, the use of the word quality both as an umbrella term reflecting the overall value of the combination of different component parts within any day care setting and as a term that applies only to superior or excellent child care services, however judged, is very problematic.

2.1 Semantic Confusion

The formal definition of the word "quality" provides a clue to the semantic difficulties inherent in the use of the term. Webster's New Collegiate Dictionary defines it both as:

a) "a class, kind or grade, an inherent feature: Property; as a fine quality of yarn," and

b) "a distinctive trait, power, capacity or virtue, specifically excellence of character..."

To some extent, these two meanings are contradictory.

The first definition views quality as an inherent feature of all objects. As such, quality may be viewed as a continuum which is comparative either against some absolute ideal standard or one on which services can be ranked relative to each other. Hence, one does not "achieve" quality. It is not a trait that is either present or absent. A child care arrangement may thus be described as being of overall inferior quality, adequate quality, or optimal quality or somewhere in-between, based on a weighted tabulation or rating of its various components.

The second meaning, quality as excellence, leads to the connotation of quality as a luxury or "cadillac" service, presumably well beyond the economic reach of most families and government. From this perspective, a number of the factors which contribute to excellence are seen as unessential or extravagant, with the implication that care with fewer elements (e.g., custodial care) would suffice.

The custodial approach tends to focus on "care" in its narrowest sense, seeing it as ensuring that the child is kept safe, properly fed and rested, with adequate opportunities for play and for learning how to get along with other adults and children. It fails to recognize, however, the tremendous growth in knowledge about children's cognitive and psycho-social development that has occurred over the last 15 years, and the understanding that the early years are critical ones for children's acquisition of basic cognitive skills and learning patterns, developments which in turn have a direct impact on their later competence, self-esteem and performance. Use of the word "quality" to mean excellence and unnecessary luxury is inappropriate when applied to child care that goes beyond custodial care to encourage children's optimal early development.

2.2 Quality Defined From Different Perspectives

Ruopp and Travers (1982) and Ruopp et al. (1979) have made the point that judgments of day care quality are made by different people with different views of the goals and functions of that service. They have identified three primary viewpoints and suggested that the adoption of one or the other will lead to the adoption or application of different criteria or different weights in assessments of quality. The three viewpoints they describe are child care as a service to working parents, child care as a means of enhancing children's development, and child care as one of a broader range of family support services. From the first perspective, "quality means meeting the needs of the parent and providing a loving, home-like environment in which the child is safe, adequately fed, active and happy."2 From a parent's point of view, meeting the needs of the parent definitely includes the characteristics of reliability and affordability, as well as caregiving that supports their role as parents by providing a service that is consistent with their values and beliefs and that joins with them in providing the kind of care they would provide themselves.3 It may also include flexibility of scheduling, a location that is convenient to home or work, care for more than one child in the family, and care when the children are sick.

The second perspective, which emphasizes day care's potential to enhance children's development, is one that is strongly held by those professionals most directly involved in day care, including those whose main disciplines are early childhood education, developmental psychology, and child care. A focus on the early years as critical ones for children's development has gained considerable strength since the 1960s when Project Head Start and other early intervention programs first flowered. Viewed from this perspective, "quality should be defined in terms of developmental benefits to the child."4 Much of the writing and research conducted from this perspective focuses only on the microcosm of day care settings, especially centres. Quality factors most often emphasized include structural factors such as group size and adult:child ratio; the philosophy and content of the program or curriculum and how it is implemented through daily activities; and the nature of adult-child interactions within the programs. The effects of variations in quality are assessed directly by observing the nature of caregiving interactions, the behaviour of children in response to those differences, and measured outcomes in the form of developmental test scores.

The third and very broad view of quality child care relates to its potential beyond the child's daily classroom environment for providing ancillary health, nutrition, parent counselling and other services designed to help families function more effectively. Guidelines developed by the Child Welfare League of America (1972), promote this view of a comprehensive day care agency with staff drawn from the fields of health, education and social work. According to this view, "quality child care cannot be provided in isolation, but must be part of a broader range of services to children and families."[5] Professionals who work closely with poor families, ethnic communities with many new Canadians, native bands, and children with special needs are sympathetic to this view.

Ruopp suggested that these three perspectives were complementary, rather than mutually exclusive. From an ecological view, however, these three perspectives are not alternatives, but rather highlight the various facets of what constitutes the whole of quality care. Quality child care provides support to parents, recognizes children's developmental needs, and is preventive. It involves a continuing interplay of these factors; it does not focus solely on one facet to the detriment of the others.

2.3 Quality in Day Care Homes and Day Care Centres

Similarly, there are essential differences in the nature of how care is provided in homes and in group settings. Day care homes are not "mini-centres"; they are real homes which day care providers and their families share with the children entrusted to them. Although concerns about ensuring quality apply to both types of care, it is unrealistic to expect that the same criteria can be applied in the same way, with the same weight, in these two very different settings. While the issue remains the same - providing quality care - the factors that are addressed and the mechanisms used to enhance quality in the two settings differ considerably.

2.4 The Complexity of Factors Affecting Quality Care

The definition we have developed underscores the fact that quality care involves a variety of factors that affect not only children, but also parents, staff, caregivers and administrators. Government statutes developed to safeguard children's health and physical well-being and contribute to the learning environment address a fairly narrow range of these factors. Quality care for children depends not only on those features of the immediate physical and human environment which are directly observable and easily quantified, but also on factors that individually and in combination affect:

a) parents' abilities to make informed choices among alternative child care arrangements;

b) caregivers' satisfaction with their role, and their access to resources that can help improve the quality of care they provide; and

c) the richness and diversity of experiences children can be offered within their day care environments.

Indeed, a variety of inter-related factors - political, economic, attitudinal, community-specific, and situation-specific - affect the quality of child care that can be provided by any given agency, provider, or centre.

These factors range from the availability and affordability of safe, growth-fostering outdoor play equipment to caregivers' salaries and benefits; they include the very way in which day care is viewed in our society and the extent to which Canadians feel that children are a community responsibility.

2.5 Quality As A Dynamic Concept

Not surprisingly, our understanding of what comprises quality care for children is not static. As late as the 19th century, large children's orphanages and child labour were common. Our understanding of child development and the factors that enrich children's development has been affected dramatically in this century by research and authoritative writings by such individuals as Maria Montessori, John Bowlby and Jean Piaget, to name only a few.

Careful and systematic research on day care and its effects on children is relatively new; the bulk of it appears after 1970. Research studies that address quality variations within centres and within home settings are very recent and few in number. The National Day Care Study (NDCS), commissioned by the U.S. government and released in 1979, is perhaps the most important study on day care centres that has ever been attempted. Its findings (see chapter 3) have already had a profound impact on legislation affecting minimum quality standards in the United States and in certain parts of Canada.

Additional changes in what we regard as quality care in centres and in day care homes, and changes in our understanding of how various factors can affect the quality of care are likely to come in the next decade, as a result of further experience and research. Recognition of the inter-relatedness of factors within and outside individual care settings (the ecology of day care) is also likely to lead to a richer, more complex, and more realistic appreciation of issues that ultimately affect children's development. It is essential for day care professionals and for policy analysts to integrate this changing and expanding knowledge base into policy and practice, as one would do in science, technology, or any new field of investigation affecting such a large segment of society.

2.6 Other Factors Affecting the Definition of Quality Care For Young Children

There are several other factors that affect perspectives on quality child care which go beyond the scope of this paper, but which should be listed.

1. This paper addresses quality care in family home day care settings and in centres. Few, if any, programs or research studies have considered ways to support non-parental caregivers who provide care in the child's home.

2. Zigler (1983), among others, has argued forcefully that adequate attention should be given to such options as extended parental leave, especially during infancy; and various other changes in employment practices that would support, rather than inhibit good parental care.

3. There is a basic and important inconsistency in policy and practice between "education" and "day care" ministries and community agencies. These two major public institutions, while increasingly serving overlapping age groups, have not addressed significant differences in their approaches to defining "quality care."

   The same four-year-old who attends junior kindergarten in the morning and a day care centre in the afternoon is the subject of quite different standards with respect to minimum acceptable staff:child ratios, educational qualifications of teachers, programming, and physical environment characteristics (e.g., bathrooms, playgrounds, etc.).

   This inconsistency is increasingly apparent and begs for some reconciliation of the two approaches to maintain credibility. Historical distinctions between care and education of young children are no longer valid in the current context. Implicit in the term "child development" is the concept of children's learning. What distinguishes the two systems (education and day care) perhaps, is their approach to the learning environment, and processes whereby learning takes place.

4. There is an inherent tension in trying to define or judge what high quality child care should be in a general sense while at the same time still allowing for sensitivity to regional, ethnic, and community standards. This tension is also evident in discrepancies that may exist between the professional's standards and the pragmatic concerns that parents often confront when selecting a child care arrangement.

For all of the reasons outlined in this chapter, settling on one definition of quality child care is difficult, and specifying the particular benchmarks or necessary components of quality child care settings is even harder. Yet thoughtful reflection and recent research findings do yield some answers. These are outlined in Chapter 3.

3.0 WHAT DO WE KNOW ABOUT QUALITY CHILD CARE?

3.1 Indicators of Quality Care in Day Care Centres and Nursery Schools

Our knowledge of which elements are necessary or desirable for high quality child care comes from two basic sources. They are 1) skilled educator-practitioners who have considerable experience in the day care field, and 2) a select number of researchers who have conducted empirical investigations on the effects of differences in day care characteristics. Practitioners usually define quality care by providing a long list of desirable characteristics. These characteristics or descriptors include specific features of the physical environment, the program, the teaching staff, the administration of the centre, and the desirability of parent involvement. This approach to defining, assessing, and ensuring quality is, according to Ruopp et al, "to be sure that centres have the right ingredients - the right staff:child ratio and group size, caregivers with the right kind of training and experience, the right facilities, equipment and materials, the right mix of supplementary services, the right procedures to facilitate parent participation and communication between parents and staff."6

The list of specific, identified ingredients, "the right stuff," has been compiled by educator-practitioners over the years through direct experience with children, and is also based on studies in child development and theories and practices drawn from the field of early childhood education.

As part of its efforts to promote quality centre-based care, the National Association for the Education of Young Children (NAEYC) has embarked upon the development of a voluntary program of accrediting centres that can objectively demonstrate excellence. As part of that development process, early childhood professionals have identified criteria that would be used to indicate that quality care is being provided. The NAEYC criteria represent a heterogeneous list of benchmark standards, descriptions of good practice, and ideal characteristics that one may continually strive to reach. Since it is one of the most comprehensive listings of quality ingredients in group centre care, we have included it in full as Appendix A.

In addition to covering aspects of child care programs that are usually included in day nurseries legislation, the NAEYC criteria include criteria oriented to developing and maintaining stable, warm relationships between staff and children, among children, and between staff and parents. They also incorporate principles covering care for infants and school-age children, and employ adult:child ratio and group size recommendations in keeping with the latest research findings.7

3.2 Results of Research on Centre Care

Researchers, by nature, not only focus on ingredients, but also examine processes (daily interactions, principally between caregivers and children) and demonstrable outcomes (evident in the centre's impact on children and families) that result from variations in specific ingredients. The following is a summary of what is currently known about the effects of differences in various aspects of centre care, and relies in part on reviews of such findings presented by Snow (1983) and Belsky, Steinberg, and Walker (1983). In general, the findings indicate that group size, adult:child ratio, caregiver qualifications, curriculum, centre size and density, materials and equipment, and parent involvement are factors which determine the quality of caregiving and the nature of children's experiences in day care settings. While more research needs to be conducted, the key findings do provide a basis for establishing benchmark standards.

3.2.1 Group Size

The concept of group size is one that is related to adult:child ratios. It was identified by the NDCS as the most significant factor affecting caregiver behaviours and children's scores on standardized tests of cognitive and language development. "Across all study sites, smaller groups are consistently associated with better care, more socially active children and higher gains on two developmental tests."8

The NDCS recommended that classroom composition (which encompasses both maximum group size and adult:child ratio) be used as a basis for minimum standards, rather than using ratios alone.

> Classroom composition: Group size and caregiver:child ratio are inextricably related and should be regulated jointly in a single classroom composition provision. Because links between classroom composition and indicators of quality are equally strong for three-, four- and five-year olds, the same regulations should apply to all three age groups. Three policy options emerge as most consistent with NDCS findings.

	Maximum Group Size		Maximum Caregiver: Child Ratio	
	Attendance Basis	Enrollment Basis	Attendance Basis	Enrollment Basis
Policy A	14	16	1:7	1:8
Policy B	16	18	1:8	1:9
Policy C	18	20	1:9	1:10

Note: Policy A was recommended as the option most likely to result in positive, stimulating care. Policies B and C were included as cost-efficient options that would retain the elements of adult:child ratio and group size considered together.

Source: R. Ruopp et al. Children at the Centre, Final Report of the National Day Care Study, Vol. I, Abt. Books, Cambridge, Mass., p. 61.

A maximum group size was not specified for infants and toddlers, although the report stated that the maximum group size for children under three years of age should be smaller than that applied to pre-school groups.

3.2.2 Caregiver:Child (Staff:Child) Ratio

Caregiver:child ratios have long been considered an important factor affecting children's safety, as well as the nature (quality) of caregiver-child interactions. Although the NDCS reported that the caregiver:child ratio was not as significant a factor as group size for three-to-five-year-old children, other researchers have questioned that finding because the NDCS study was conducted exclusively among federally-funded centres where staff:child ratios already averaged between 1:5 and 1:10, well within acceptable limits.

Ratio was shown to be a significant factor, among others, considered by Vandell and Powers (1983). They found that children in high-quality centres (with ratios averaging 1:5) were more likely to interact with and initiate conversations with adults, had more positive relations with adults, and engaged in less solitary and unoccupied behaviour than children in moderate-quality and low-quality centre programs averaging 1 adult to 14 children, and 1 adult to 24 children, respectively. Ratio was also one of three critical features identified by Howes (1983).

Futhermore, both the NDCS study and other research have confirmed that staff:child ratio has an even stronger impact on care received by children younger than three years of age. In such circumstances, ratios higher than 1:4 resulted in increases in child apathy and distress. Rutter (1981) has suggested a minimum ratio of 1:3 for children younger than three years of age.

3.2.3 Caregiver Qualifications

It has long been recognized that the skills, attitudes and overall quality of the caregivers themselves are essential to providing quality care for children. Caregiver qualifications was the third major variable considered in the NDCS study. It was found that neither the total years of formal education nor the length of work experience in day care contributed significantly to the quality of caregiver-child interactions or to gains on developmental tests. What did make a difference was education and training related to child development or early childhood education. As a result, NDCS recommended that "child-related education/training should be required for staff providing direct care to children, and states should make such training available."9

Researchers and practitioners (e.g., Weikert, 1984) who have focused on other staff characteristics such as effective communication skills and a commitment and concern for children and families, as well as personal qualities such as friendliness, energy, enjoyment of children, etc., have recognized the need for careful screening and recruitment of staff, and the importance of the availability of on-going, in-service and continuing education opportunities, and systematic supervision to maintain and improve the quality of care provided.

3.2.4 Curriculum/Program Content

A variety of curriculum approaches exists within the field of early childhood education. In general, research has shown that highly structured programs which emphasize cognitive and language development have the greatest impact on those variables, and are especially effective with disadvantaged populations. This was recently confirmed by McCarthy's studies of Bermudian children. Clarke-Stewart (1980) and Prescott (1973) have compared curriculum models described as either closed (highly adult-structured) or open (child-centred, "discovery" type programs). In closed programs, children show less independence and less initiative, but do better on intelligence and achievement tests. Children in open programs are observed to be more independent and persistent and to do well on tests of inventiveness and problem solving. Children in moderately structured programs seemingly have the best of both worlds, demonstrating gains in creativity and self-esteem as well as cognition and achievement.10

In a recent speech to the Association for Early Childhood Education, Ontario (AECEO), Weikert also stressed the importance of having a defined curriculum. In his view, the conscious effort to define a program was a more important contributor to quality than was whatever specific content was finally adopted.

3.2.5 Physical Characteristics

While the human environment is usually given more emphasis than the physical environment, such considerations as overall size of a centre, crowdedness, the design and layout of space, and the availability of materials do influence children's day care experience.

3.2.5.1 Overall Size

Based on their observations of California preschool programs, Prescott, Jones and Kritchevsky (1967) concluded that when centre population exceeded 60, more emphasis was placed on rules and routine guidance than when size ranged from 30-60 children. The fact that teachers placed twice as much emphasis on control in the large groups may account for the observation that, in small centres, children displayed more pleasure and overt enjoyment. Large centres were also found to be less flexible in their scheduling, to offer children fewer opportunities to initiate and control activities, and to have teachers who displayed less sensitivity to the individual needs of the children.

3.2.5.2 Space, Crowdedness, and Design

Snow (1983) has reported that characteristics of the physical environment are an important factor in the overall quality of children's preschool experiences. Belsky cites Rohe and Patterson's conclusion that "as the number of children per square feet increases, so do aggressiveness, destructiveness, and unoccupied behavior."11

The proposed Federal Interagency Day Care Requirements (FIDCR) in the United States recommended a minimum of 35 square feet of indoor space per child. Other recommendations vary between 25 and 100 square feet. It should be noted, however, that the actual design of the space needs to be considered as well. A mixture of small and large rooms lends itself to small group and large group activities. Long, narrow rooms or corridors are not recommended. Another essential feature to be considered in the design of centre space is whether children are able to have any privacy within the group setting (Jacobs, 1984).

3.2.5.3 Materials and Equipment

An additional design-related variable is accessibility to toys and play equipment. A variety of materials and equipment should be placed on open, low shelves to allow children and staff easy access to them. They should also be age-appropriate to foster the development of specific skills (e.g., fine motor coordination, discrimination, etc.) and self-confidence. Materials should be available in sufficient quantities to allow choices and avoid unnecessary competition.

3.2.6 Parent Involvement

Direct research on the effects of parent involvement on the quality of care provided in centres is lacking at this time. Expectations are, however, that parents can be effective monitors of quality and can provide direct support to staff through such activities as participation on an advisory board, acting as a volunteer within the program, and contributing money and equipment. Anecdotal evidence supports the belief that parents can derive personal support from caregivers, as well. In addition to informal communications, centre staff can offer parents information about children's development and behaviour patterns, suggestions about child-rearing problems, referrals to community agencies, and an opportunity to develop a support system comprised of staff and other parents. Such support may be especially valuable to single parents or those who are isolated.

Research on compensatory programs has clearly verified that children's developmental gains are strengthened and maintained when programs involve parents, and when there is consistency across home and centre environments (Bronfenbrenner, 1979). Powell, in a series of studies on parent-caregiver communication patterns, has found that fragmentation and discontinuity are likely unless both parents and caregivers appreciate the significance of effective communication and take steps to ensure that such communication takes place. Discontinuity (discrepancies between parents and caregivers in such areas as child-rearing practices, the amount of freedom children are allowed in the environment, and value codes) are of concern to parents when searching for child care. Some discontinuity may be advantageous, especially for older children or for some children from disadvantaged homes; however, major discontinuity and lack of communication between parents and caregivers is an indicator of poor quality.

Several other quality variables have been identified by researchers, but have not received much empirical study. One of these is the question of age-segregation v. age mixing. Belsky et al. cite two studies that suggest that age integration in preschool and toddler groups can have beneficial effects, and that "conflicts are more common and long lasting in age-segregated groups, and there is less affection, teaching and more competition in such groupings."[12]

An additional quality concern is stability in children's lives. Viewed over the long term, frequent changes in child care arrangements are very unsettling for children and parents. Within settings, poor quality care is frequently associated with a high staff turnover rate. Stability in the assignment of a particular caregiver to a small number of children has been advised on the basis of child development literature, especially for infants and toddlers. Moreover, it is thought that the significance of stability in caregiver-child relationships in a care setting may be especially pronounced when the home environment is unstable (as occurs not infrequently when a younger sibling is born or when parents separate). Since a high proportion of subsidized children do come from single-parent homes, this issue deserves more attention. Rutter, in his studies of children who are able to overcome the stresses of a high-risk environment, has also suggested that continuity and the close relationship of the child with a mentor (often a teacher) is one of the most critical factors in determining the child's successful development.

3.3 Indicators of Quality Care in Family Day Care Homes

There are three reasons for reviewing literature and studies focused on quality home day care separately from the body of information addressing quality centre care. The first reason is that the essential nature of the home setting is different from group centre care. As Gwen Morgan has stated, "Family day care is the sharing of a real home with a child or children. It is not the conversion of a home to a small child welfare institution which is 'like a home'."[13] As a consequence, while the same general factors underlying quality care apply (such as providing a safe and stimulating environment), very different modes of implementation are required. For example, quality family day care is not so much dependent on formally structured activities and programs as is group care, but rather depends on sensitive, responsive caregiving which makes use of everyday happenings such as baking and shopping to foster a child's growth and development.

A second reason for considering the literature on these two types of care separately is the fact that they tend to serve different age ranges of children. While some day care centres serve infant and school-age populations, the vast majority are oriented to the needs of children between the ages of two-and-a-half or three and five. Family home day care is a more prevalent mode of care for infants and toddlers especially, and also serves the needs of young school-age children at lunch time and after school.

Third, because these are quite different kinds of day care settings, some of the factors that affect quality in one type of care have no parallel in the other. An example that applies specifically to home day care is the extent to which caregivers function in isolation as opposed to receiving support and/or supervision from a sponsoring agency or regulatory body.

Unfortunately, there is not a parallel to NAEYC's list of quality criteria for home day care arrangements. (In the literature, home day care arrangements, whether formal or informal, generally do not refer to care provided by a non-relative in the child's own home, although many of the criteria that might be cited as important for quality family day care would apply under these circumstances as well.) A recent article quotes Willis and Ricciuti (1975) as stating two basic criteria for quality family home day care: "1) The setting should approximate a good, natural home environment; and 2) the goals should be the same as those most parents want for their children"... They go on to state:

> "The day care setting should be an environment that not only takes care of the child's physical needs, but also provides care by familiar, responsive and affectionate caregivers. The caregiver must foster a basic trust in adults, provide mutually enjoyable opportunities for learning through play and social interaction, and be sensitive to individual differences. There should be awareness of the value of social interactions for older infants and guidance for all of the children in learning the beginning steps in self-control. Finally, there must be a supportive relationship established between the children's families and the day care setting."14

June Solnit Sale (1980) suggests that quality family day care results from: 1) informed parental choice (supported by information and referral services and public education), 2) physical and emotional support of day care providers (through self-help provider groups, sponsoring agencies, and training and education specifically oriented to family day care providers), and 3) respect for family life-styles in children's programming, as evident in continuity between parents and caregivers in values, discipline practices, foods that are eaten and routines that are followed.15

The question of quality in family home day care was discussed recently at a workshop convened in conjunction with the May, 1983, conference of the Association for Early Childhood Education, Ontario. Workshop participants, primarily people involved in family home day care agencies in Ontario, were asked to write down three factors which they felt indicated high quality family home day care.16 The results of the survey were as follows:

Indicator of Quality FHDC	% Who Mentioned Indicator
Warm/loving caregiver	21 %
Flexible developmental programming for children	20 %
Effective communication between home visitor/supervisor/providers	13 %
Good selection and training of provider	11 %
Caregiver has knowledge of child development	8 %
Parents feel confidence in the arrangement	6 %
Goals of agency and roles of personnel are clearly defined	6 %
Support systems for providers	4 %
Provider self-confidence and self-esteem	4 %
Happy children developing well	3 %
Training program for home visitors	2 %
Parent involvement	2 %

The responses, when grouped together, indicate that characteristics and behaviours of providers are viewed as the key to quality home day care. Eighty per cent of the participants mentioned some aspect of a provider's behaviour or character. Characteristics mentioned frequently included the following: "warm and loving," "sincerely interested in children," "friendly and nurturing," "a provider with knowledge of child development who feels good about what she is doing." Another factor that was mentioned was that of developmentally appropriate activities.

In addition to provider characteristics, 36 per cent of the respondents mentioned the importance of effective encouragement and support of providers by home day care (sponsoring) agencies. Some of the agency functions that were described included clearly identifying roles and responsibilities of all parties (parents, providers, and agency personnel), and implementing sound procedures for selecting caregivers and then supporting their efforts by providing training programs and other support services.

While only 8 per cent of the participants mentioned parents' feelings and involvement, consumer satisfaction and good parent-caregiver communication would be obvious indicators of quality. Indeed, Winget et al. (1982) have suggested the utility of parental involvement in on-going evaluations of family home day care settings.

3.4 Results of Research on Family Home Day Care

There exist, as yet, only a limited number of carefully conducted research studies on family home day care, despite the fact that it is the most common form of non-parental care used by parents with young children. The results, however, provide a clear picture of those features that can influence the quality of care provided in family day care homes.

3.4.1 The Number of Children Being Cared For

The National Day Care Home Study (NDCHS) examined caregiver behaviours and child characteristics in 793 homes located in Los Angeles, San Antonio, and Philadelphia. Measures of group composition (number and age mix of children) showed strong, consistent relationships with caregiver and child behaviours. Among the findings were the following:

- As the total number of children in the home increased, the internal management of the home changed. Caregivers' focus of attention shifted from individuals to groups and individual caregiver-child interactions diminished.
- Similarly, in homes with more children present, children spent less time interacting with the caregiver and more time interacting with other children.

(The NDCHS findings did not suggest that these differences necessarily reflected poorer quality.)

Similarly, Carolee Howes' study of caregiver- toddler interactions in family day care homes indicated that a smaller number of children (in combination with other factors such as child-designed play space and caregiver training) was associated with more positive, stimulating caregiving behaviours directed to individual children.

In all likelihood, the number of children in the home is correlated with other variables such as the amount and nature of structured play and learning activities made available to children, and how the caregiver views and responds to her role as care provider.

3.4.2 Age Mix of Children Present

The NDCHS found several effects of different age mixes. Briefly:

- The presence of a preschooler was associated with a significant decrease in one-to-one interactions with individual toddlers. For toddlers, the presence of a preschooler was associated with more observation of the environment, more gross motor activity, and more antisocial behaviour.
- The presence of an infant did not affect the quality of care provided to individual toddlers or preschool children, but did result in less teaching, language/information and structured fine motor activity, and more helping and attention to physical needs.
- The presence of school-age children in the afternoons resulted in a shift in caregivers' attention away from younger children, especially preschoolers.

In view of these findings, further research on the benefits and disadvantages of age mixes seems warranted. Many caregivers in the NDCHS sample restricted themselves to one age group or, at the most, two adjacent age groups (e.g., toddlers and preschoolers).

3.4.3 Caregiver Experience, Education and Training

- NDCHS researchers found virtually no relationship between length of experience as a family day care provider and caregiver behaviours.
- The effects of general educational background were somewhat difficult to assess in the NDCH study. Education was highly correlated with ethnicity (the sample was deliberately constructed in a way that emphasized ethnic differences). In addition, there was not a large range among caregivers in terms of educational background, and hence there was limited opportunity to observe differences resulting from very different levels of education. Nevertheless, more education tended to be associated with more "more teaching, more language/ information and prosocial activity, and less helping, directing, household work, attention to physical needs and positive affect." (Positive affect refers to pleasant, happy interchanges as observed by more smiling and laughter, compared to neutral interchanges or negative interchanges that are angry, hostile or sad.)

- Pre-service and in-service training related to providing home day care, in contrast to general educational background, had strong and positive effects on caregiver behaviour. These results clearly suggested that training can be a major vehicle for enhancing the quality of care provided in family day care environments. Training was inter-related with another factor, regulatory status.

3.4.4 Regulatory Status

- Home caregivers in the NDCHS sample were classified as regulated (licensed), unregulated, or sponsored. Sponsored caregivers were affiliated with a day care agency and received training and support from that agency on an on-going basis. One of the strongest findings of the study was that sponsored homes provided better day care environments for children than unregulated and regulated homes, including more stimulation and more supervision.

- Sponsored caregivers had a different orientation to caregiving than other providers. In brief, they saw themselves as paraprofessionals, and identified more strongly with the role of being a family home day care provider. Sponsored providers were less home-like in the sense that they spent more time and more structured time with children facilitating language/information, structured fine motor activities and music and dance activities. Accordingly, they spent less time attending to their own needs, in housekeeping, and in helping children with physical tasks.

- The NDCHS study reported that differences between regulated and unregulated homes were generally small in comparison to the significant differences that emerged between these two groups and sponsored homes. There was an observed tendency, however, for regulated caregivers to spend more time in supervision and in preparation for children and for unregulated caregivers to spend more time apart from the children.

3.4.5 Caregiver Attitudes and Characteristics

3.4.5.1 Caregivers' Role Definition

The findings referred to above under the heading "regulatory status" have been verified by Peters in 1971 and by Wandersman in 1981. In both instances, the caregivers' definition of their role and their identification with it were shown to be significant factors affecting 1) the amount of time spent with children, in contrast to general housekeeping functions; 2) the extent to which they set up a "child-centred environment" - i.e., a separate playroom or space reserved for safe, developmentally appropriate activities; and 3) the extent to which children participated in intellectually and developmentally stimulating activities.

3.4.5.2 Individual Skills and Characteristics

Few studies have actually sought to verify the supposition that responsive, stimulating, affectionate and energetic caregivers provide superior care. Certainly, a large body of research on mother-infant interactions has shown this to be the case. One report that does provide some empirical support refers to work done by Rauch and Crowell (1979) in Hawaii. As part of the evaluation of their satellite private home day care program, it was found that providers' communication skills were strongly associated with superior infant and toddler care. Other subjective descriptions of these providers included such adjectives as: warm, friendly, open and flexible, eager to learn, and good at verbally communicating with parents and staff as well as children.

3.5 Summary and Conclusions Based on Research Findings

Although the number of carefully designed, systematic research studies is small, the findings, when viewed together, lead to a coherent picture of some of the major factors affecting the quality of caregiver behaviours and children's experiences in day care. While there are some differences, the findings across centres and home day care environments are remarkably similar at this point insofar as they highlight the importance of:

- caregiver:child composition (group size and staff:child ratios)
- training specifically related to child development and early childhood education or family home day care, and
- space that is adequately designed and equipped to provide a safe area that invites developmentally appropriate play and exploration.

The findings that indicate that pre-service training and on-going support and supervision by family home day care agencies lead to caregivers taking greater pride in their work and offering superior care to young children have a parallel in studies of centre staff.

Other research questions that remain to be addressed are the following:

1. What other dimensions of quality have significant effects on caregivers? children? parents? their interactions?

2. What relative contribution does each factor make alone?

3. How do these factors relate to others? What combinations of factors have the strongest effect?

4. What quality dimensions are most significant for non-parental in-home care?

5. What quality dimensions need to be considered for centres and homes providing care for children with special needs?

6. Are there factors that need to be considered that are specific or more significant in rural areas? or for specific subgroups of the population?

7. What should be the criterion measures against which to assess rated/ measured quality? What are the implications of using one rather than others?

8. What are the effects of different methods that can be used to support quality care in centres and in homes?

In order to answer these questions, more research is needed. The kinds of research that would be most beneficial include:

- research that is carefully designed to control for or assess the relative effects of family demographics, child care history, and other variables;
- research that considers additional variables beyond those identified thus far - including variables that may be regulated or affected by regulations (such as integration v. segregation of subsidized children), and those that cannot be (staff turnover, caregiver satisfaction, etc.);
- research on the impact of different models and methods of training centre and home day care providers, and different on-going resource programs;
- research utilizing representative (community) day care centres and both "formal" (supervised/sponsored) and informal family home day care settings;
- case studies of superior centres and homes to determine what factors contribute to and help support sustained high quality;
- research on the long-term effects of moderate and/or poor quality care and care histories;
- research that is designed to shed more light on the complex ecology of day care in Canada, including full consideration of the different levels and types of variables affecting parents, providers, and children.

Several significant research studies are in progress in various parts of Canada. Among them are Pence and Goelman's collaborative, ecological study of parents, providers and children in centre and home settings (the Victoria Day Care Project), Brockman's investigation and evaluation of alternative training models for family home day care providers, and Stuart and Pepper's study of personal and psychological characteristics of competent private home day care and informal caregivers.

One of the recommendations that could be made to support such research and enhance its usefulness is the development of mechanisms that would enable researchers, educators, practitioners, and policy analysts to share and discuss research questions, research approaches, and research results. Such mechanisms (including wide circulation of Task Force reports and recommendations, conferences, and information-sharing networks) would ultimately help to reach the goal of ensuring that families in all regions of Canada have access to a range of quality child care options.

4.0 Implementation Issues

If the problems associated with defining quality and identifying elements which contribute to the development of quality care seem complex, they pale in comparison to the problems faced in instituting and sustaining quality care. Ensuring quality requires sensitivity across a wide variety of settings and locations in a manner that is responsive to families' needs, as well as to the practices and values of a number of cultural and ethnic groups.

Because of the variations across settings and the number of factors which contribute to the development of quality, it is important to recognize that there cannot be one single or simple approach to achieving quality. This chapter presents a limited overview of the major mechanisms which have been developed to promote quality in centres and family day care homes.

Currently, our knowledge of the effects of using different strategies stems primarily from experiences in the field, rather than from careful evaluation research studies designed to enhance policy development. Available documentation on implementation mechanisms and their impacts is limited, and stems largely from the American experience.

Even with a superficial review of this literature, it quickly becomes apparent that:

- any given strategy may address some aspects of quality but not deal with others, and
- quality results from a combination of several strategies, used to maximize their beneficial effects.

Given the limited research findings and the lack of consensus about what combination of strategies should be used, it seems most appropriate to present and discuss the various implementation methods that are available, rather than specify what should be included in specific legislation or funding arrangements.

4.1 The Problem of Poor Quality Child Care

It should be emphasized that the question of implementing quality is not just a theoretical problem of how a set of esoteric criteria should be applied to result in the development of model child care programs. It is, rather, one of vital concern, for both practical experience and recent studies have indicated that the quality of care provided in some settings may not only be inadequate, but detrimental to the well-being of young children.

There has been a tendency in some day care studies (Johnson and Dinend, 1981; Ontario Municipal Social Services Review, 1984), to present the problem of quality solely as if it were a regulatory issue, with licensed, supervised care presumed to be of "good" quality, while unlicensed, unsupervised care is presumed to be "poor." The reality is far more complex.

Most often cited in this context are the reports from the Project Child Care studies conducted in Metro Toronto. Johnson and Dineen (1981) examined private, unsupervised child care arrangements, parental preferences, and patterns of day care usage. According to them:

> Day care is in crisis, and parents don't know where to turn or how to cope. Too many Canadian children are being placed in danger, too many are spending their formative years in dirty and unsafe surroundings, and too many spend their days in overcrowded, unsupervised homes being fed junk food and dumped in front of the television because their parents don't care, or don't understand the potential hazards...[18]

While such descriptions may not represent the majority of "informal" arrangements, the description does apply to some of them. Nor are group centre programs themselves, in spite of fairly long-standing requirements for licensing (which include some specified level of training for staff, and health and other safety measures), necessarily any guarantee of quality care. That a number of group centre programs with poor practices continue to operate is common knowledge to practitioners and to those with more than a superficial acquaintance with the field.

In a 1979 speech to the Alberta Association for Young Children, Howard Clifford, National Day Care Consultant, stated:

> Half of the 85,000 licensed day care centres in Canada are not fit to be open. My most reasonable guess is that 50% of all day care centres licensed in Canada shouldn't be, and their doors should be closed now ... this is the problem with licensing, it is misleading because parents think the place has the Good Housekeeping Seal of Approval.[19]

Windows on Day Care (1972), a U.S. report prepared by the National Council of Jewish Women, examined day care needs and services in 77 American communities and looked at the quality of care provided in both group and family home day care settings. Programs/homes were rated as being of "superior," "good," "fair" or "poor" quality, based on criteria that included such factors as adult:child ratios and size of groups, training of staff, salaries paid, parent involvement, and impressions of space, facilities and equipment. While the findings of American studies need to be viewed with some caution given the considerable variation in standards and regulatory practices from state to state, many of the observations cited ring true for the Canadian experience.

One of the controversial topics in day care in Canada at the present time is whether proprietary (commercial) day care centres should be permitted to operate. Those opposed to proprietary child care argue that profits are made at the expense of quality and staff salaries. Proponents argue that child care quality is the only criterion that should be considered and that sponsorship is irrelevant to that question. No Canadian data has been gathered to compare the qualities of proprietary and non-profit centres. The Windows on Day Care report presented quality ratings separately for the two. It was found that:

> About half of the proprietary centres visited were regarded as 'poor' with respect to the quality of services provided. Somewhat more than one-third were regarded as 'fair'. All of the centres in this category provided care that was essentially custodial. Even among the fifteen per cent of the proprietary centres in the 'good' category, only a few of them provided what is generally regarded as comprehensive quality day care from the educational and developmental point of view.20

Non-profit centres did not come off particularly well either:

> The majority, fifty-one per cent, were considered 'fair.' Many in this category were primarily custodial and could not be regarded as providing the developmental experiences and the range of services that all good care should include. Eleven per cent of the non-profit centres were regarded as 'poor.'21

In their assessment of home settings, clear differences emerged between licensed and unlicensed family day care homes, with 38% of the licensed homes appearing in the top two categories ("superior-good"), compared to 19% of the unlicensed group. The majority of unlicensed homes (84%) were rated as only "fair" or "poor" in quality. The report goes on to state:

> Many of the Council members who participated in home visits concluded that the lack of training of home day caregivers is a major problem. They frequently found that day caregivers themselves were eager to take advantage of training opportunities. However, such opportunities, in most localities were described as either non-existent or very limited.22

Based on these observations, it would appear that no type of setting, be it group centre, or supervised or unsupervised family home care, is by its nature or auspices assured of providing quality. Differences in quality exist within and across all child care settings. The problems associated with providing quality care to children then, are not faced solely when unsupervised caregivers are involved, but are in fact, shared across all major forms of child care.

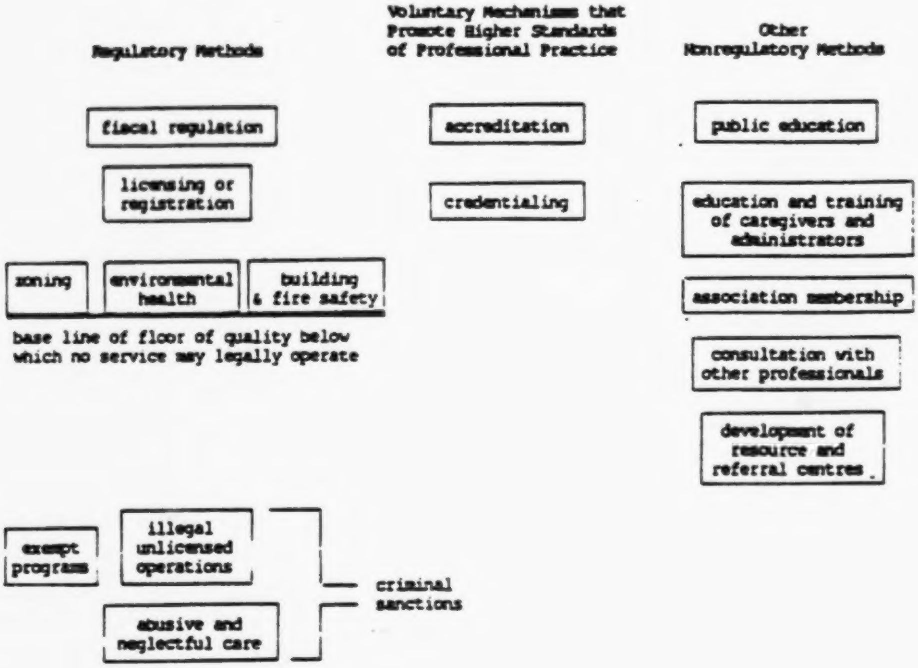
4.2 Mechanisms Which Can Be Used To Promote Quality Child Care

A variety of mechanisms have been used in various combinations by a number of jurisdictions to develop and support the provision of quality child care. They fall into three general categories:

- regulatory mechanisms,
- voluntary mechanisms which promote higher standards of professional practice, and
- non-regulatory mechanisms.

Table 1 presents these categories and the various mechanisms included in them.

TABLE I: MECHANISMS FOR PROMOTING AND SUSTAINING QUALITY CHILD CARE


Regulatory Methods
Voluntary Mechanisms that Promote Higher Standards of Professional Practice
Other Nonregulatory Methods
fiscal regulation
licensing or registration
zoning
environmental health
building & fire safety
base line of floor of quality below which no service may legally operate
accreditation
credentialing
public education
education and training of caregivers and administrators
association membership
consultation with other professionals
development of resource and referral centres
exempt programs
illegal unlicensed operations
abusive and neglectful care
criminal sanctions

Adapted from Gwen G. Morgan
"Regulation: One Approach to Quality Child Care," Young Children, Sept. 1979, p. 26.

The following section of this paper will describe each of these approaches to ensuring quality and their applicability to various child care settings, as well as some of the implications and limitations associated with their use.

4.2.1 Regulatory Mechanisms

Regulatory mechanisms depend upon legislated requirements which can be used as a basis for licensing or mandatory registration, or to establish fiscal accountability.

4.2.1.1 Licensing

A common assumption is that quality day care is most effectively achieved by setting and enforcing high standards. However, it is important to appreciate that standards define, in law, "...the baseline of quality below which a program may not legally operate." As Morgan (1977a) has noted:

> Standards represent the floor, the least we will tolerate under the law. We can place the floor anywhere we choose, but wherever we place it, it is the 'least tolerable' or 'minimum,' by definition.[23]

Also at the baseline are three other regulatory systems; those concerned with health, fire and safety, and zoning requirements.

While licensing is a common mechanism used by governments to set minimum standards of quality, a number of problems are often encountered in efforts to implement and enforce regulations and standards. The study by the National Council of Jewish Women (1972), noted the following problems:

> The fact that about half of the proprietary centres visited were providing care which must be viewed, on the basis of information reported, as 'poor' is a highly disturbing finding ... and as was previously noted, all but 3% of the proprietary centres visited were licensed. Of those licensed, four-fifths were reported to have been inspected by a licensing agency within six months preceding the visit of the Council member ... There are frequent references to the fact that while almost all centres were licensed, few were visited often enough to determine whether standards were, in fact, maintained. Other council members commented that even when violations were found, there were no penalties ... and that licenses were seldom revoked ...[24]

Although there is no comparable Canadian data on the effectiveness of regulatory monitoring in this country, many of the problems cited above are commonly known to government officials and day care practitioners.

In the case of group centre care, there seems to be little doubt that these programs should be licensed; what is debated is the content and extent of required standards. For family home day care, however, there is no clear consensus as to whether this mechanism is appropriate to ensure baseline quality. Licensing individual homes can be an expensive, cumbersome and intrusive method which has the potential to offer little return; especially if it is coupled with inadequate enforcement and does not offer any tangible benefits to the provider.

In considering family home day care, the Council study asked:

> Why did so many homes in states where licensing was mandatory fail to apply for licenses? Some survey participants attributed this to the fact that there were no penalties for failing to do so, and that in no state were large scale efforts made to find unregulated homes and bring them into compliance. Others talked with day care mothers who felt that licensing procedures were complicated and burdensome.[25]

Morgan (1980) has also outlined a number of problems associated with licensing day care homes:

- As a consequence of the considerable number of family day care homes and high turnover rates among caregivers, large numbers of licensing staff are required, which leads to high administrative costs. When the number of licensing staff is limited and only a small number of homes are able to be licensed: "... this is not equal treatment under the law and may arouse hostility, thus undermining all licensing."
- Limited staff time for supervision also means there can be no guarantee of the safety of care in a given home. When licensing is conducted under these circumstances, it serves to give a false sense of security to parents about the home, "relaxing their vigilance and natural sense of responsibility."
- Licensing of some family day care homes (i.e., ones where subsidies are provided), discriminates against parents who must pay for care out of their earnings and sets up a double standard for care.
- "Over-formal regulation ... may destroy the genuineness of family life shared with children in family day care, creating home-like institutions rather than sharing real homes."
- By virtue of licensing a service, other forms of regulation are often brought to bear, including zoning, safety, health and sanitation requirements as well as any local standards. "The effect of all this regulation and the application of requirements which were developed for other services more institutional in nature and which are often inappropriate for family day care is to overwhelm the home with safeguards not required of other family households. This additional regulation may be a major factor which drives family day care underground. Few homes come forward to meet so many demands from such a formidable array of inspectors."[26]

June Solnit Sale (1980), an American authority on family day care, has made similar observations:

> It is my position that family day care licensing isn't effective and that alternative methods of regulation should be explored. Further, quality family day care may occur most often not with licensing, but when sufficient support is provided by a community agency, and/or a family.[27]

In his article, "Development of Child Day Care Facility Licensing," Class (1980), notes:

> ...Empirical analysis in many localities seems to indicate that a responsibility to implement a formal family day care licensing system is impossible... In addition, the magnitude of number of homes, lack of social visibility and the transitory nature of a great amount of family day care also seem to contribute to non-licensure. Regardless of the causation, it is apparent licensure will need to give way to regulatory innovation such as registration or self certification if children in family day care are to be safeguarded.
>
> Secondly, it is important to state that if an optimal degree of safeguarding all day care children in all ways is to take place, it will be necessary to utilize diverse regulatory programs. Besides facility licensure and some innovative program for family day care, consideration also needs to be given to: 1) the credentialing of child care personnel; 2) the certification of facilities to provide a particularized service; and 3) fiscal regulatory control of public purchase or funding of private day care services...[28]

4.2.1.2 Registration

In response to the problems encountered in attempting to regulate homes through traditional licensing procedures, registration mechanisms have been developed by a number of U.S. states. While registration procedures vary, many have been mandated through legislation, so that caregivers are required to register with the local authority.

A brief description of some of the procedures involved in the registration process as developed by the Texas Department of Human Resources can serve as a typical example of how this modified regulatory process can work. Authorities require the following:

- That caregivers acquaint themselves with the standards and practices expected of them and agree to follow them.
- Inspection by local fire and health authorities. When these inspections are not available, checklists are provided for the caregiver to complete.

- Any aspect of the home which does not meet the checklist conditions is expected to be corrected before the home is registered. The caregiver completes a form stating that all standards have been reviewed and each standard is met.

- When the caregiver completes the registration forms, she is notified by letter, providing proof of registration and date of expiry (two years from the date of registration).

- A list of registered family homes is maintained in each area licensing office. This list is made available to those requesting information: it includes a statement notifying the reader that no routine visits or inspections are made, and informing them of the procedures for making a complaint about a registered home.

- Complaints are investigated immediately and a caregiver who is encountering problems can also request a visit from the department. As well, each year 5 per cent of the registered homes in an area are inspected for compliance with minimum standards; inspections are not announced in advance.

- When a complaint investigation or a spot check indicates non-compliance with standards, the same enforcement procedures used for licensed group care facilities apply to registered family homes.

In addition,

- Parents are required to complete an emergency medical care form for each child. They also receive a copy of the Minimum Standards for Family Day Care Homes, as well as educational publications, including the Parents' Guide to Registered Family Homes.

- Both parents and providers receive additional educational materials and publications as well as information about any child care workshops or other available community resources.[29]

While the concept of registration resolves some of the problems associated with licensing, it is not by itself a process which ensures quality. It is most effective when it offers providers access to a number of support services, as demonstrated in the results of the National Day Care Home Study mentioned earlier in this paper.

As Sale (1977) has stated:

> Although there is no guarantee of quality with registration, it is possible to work toward the improvement of family day care with this system of regulation, if support services are built into the process. Licensing tends to screen people out; registration could encourage providers to be 'included in'. If there are incentives, that invisible group of people doing their 'own thing' in taking care of the neighbors' children could become more visible and acknowledge the important service they are

> performing and want to improve their programs. The incentives have to do with more than health and safety measures and adequate equipment and toys, although these are of the utmost importance and must be insured.[30]

While the American debate about licensing family home day care seems to favour a movement towards registration, there are a number of issues which remain. To give a sense of the complexity and difficulties inherent in choosing a given strategy, we will quote at length from a thoughtful report by George R. Orwick, Supervisor of Day Care Services, Bismarck, North Dakota, entitled: "Regulation of Family Day Care in North Dakota" (1977). In it, he discusses the transition from licensing day care providers to the registration of day care homes in that state, as well as some of the pros and cons of the two approaches:

> "... North Dakota had experiences similar to those of the State of Texas and many other states regarding the unmet need for licensed family day care homes, the lack of social service workers to adequately license family homes, and the lack of constituent support for the licensing of family day care homes.
>
> As in Texas, North Dakota families were making arrangements for unlicensed child care; they had few other choices since there were only 642 licensed family day care homes at any given time. Registration has increased the number of regulated homes to approximately 1400-1600 at any given time.

The following were some of the problems with licensing family day care homes:

- The responsibility for regulation and enforcement was on the agency;

- Licensing procedures intimidated many of the less formally educated and/or minority group members from becoming licensed;

- Licensing standards were unrealistic which resulted in a lack of parental or community support for licensing family homes;

- Standards were not uniformly enforced by the Social Service Board or the authorities responsible for inspections;

- There was a shortage of licensed family day care homes; therefore, the priority for staff time was directed toward the licensing of homes caring for children of Aid for Dependent Children (AFDC) recipients who were enrolled in work or training;

- Licensing was becoming a "service" or "discriminatory factor" for AFDC recipients; thus, identifying the regulation of day care facilities by the Social Service agency as a "welfare program";

- Fire and health inspections were difficult to arrange in the urban areas because of the high volume of requests and in the rural areas because of problems with jurisdiction and a lack of uniform training of inspection personnel;
- The lag time between the application as a licensed home and the completion of the licensing study and the inspections involved a period of one to two months;
- Home visits were conducted only at times of licensing or relicensing unless there was a complaint. There was no system for conducting quality control reviews;
- Licensed providers often stood behind their licenses in a way which deterred questions from the parents;
- There were few complaints from parents or the community regarding the quality of care provided in family day care homes;
- Licenses were seldom denied and never revoked; relicensing often involved a self-declaration system of affirming compliance with the rules and regulations for a licensed family day care home.

With the problems of licensing which I have just mentioned, there were advantages to licensing of family day care homes. Many of these advantages we are now trying to incorporate in our registration system. The process of conducting the licensing study and arranging for the inspections and other necessary requirements for licensing resulted in a better understanding of the roles and responsibilities of our agency and the licensed provider. Many of the service workers were very involved with the licensed day care providers in day care groups and organizations.

The advantages to licensing were in part responsible for the initial problems regarding the change in the responsibilities from licensing to registration. In addition to the understandable and predictable resistance to change; the following concerns are still expressed by service workers and area supervisors two years after the implementation of registration:

- Some service workers and county directors believe that we are abdicating our moral responsibility as a Social Service agency by our lack of enforcement of high standards and a highly structured system of safeguarding children receiving supplemental parental child care;
- Day care has lost its priority status with many county social service boards. It is seen as a 'paper function' rather than a service function. The central office and the area supervisors of county social services have contributed to the loss of status for day care service workers by their lack of emphasis on the day care program with regard to staff development, interagency coordination and communication, the development of day care resources, and the lack of parent and community education;
- Formerly licensed day care providers lost their status and recognition as providers who had met the standards for licensing;

- The involvement of the service workers with formerly licensed day care providers in day care provider groups and organizations was diminished;
- There is little investment in time or commitment on the part of many providers which may be a factor in the high turnover rate of providers.

Although there are varying degrees of support for the registration system of regulating family day care homes, there is consensus in the philosophy of registration which requires a shared responsibility between the parents, the registered providers, and the Social Service Board to assure that the social, emotional, physical, and intellectual needs of all children are met to the greatest extent possible. The advantages of registration are:

- The burden of proof of compliance with rules and regulations is on the provider rather than the Social Services Board;
- The service worker's responsibility has changed from that of an 'enforcer' or 'watch dog' to an advocate of education services for parents, providers and the community;
- Less staff time is required per registration than per license;
- Standards are more realistic and enforceable, they are better accepted by the providers, parents and the community;
- The standards can be applied more uniformly to various social and economic groups;
- The process of registration is less bureaucratic and has greater acceptance by parents, providers, the community, and other agencies which have regulatory responsibilities as prescribed by law;
- The parents are better informed about the rules and regulations for supplemental parental child care since they receive a copy of the Handbook for Parents, the Rules and Regulations, and complaint forms;
- Registration better meets the needs and responsibilities of parents to choose a provider who will provide supplemental parental child care which is compatible with the care the child receives at home;
- The quality control system requires an in-home audit of every 10th home registered. The quality control results have indicated that the quality of registered care is comparable to that of care which was provided in licensed homes."31

The experiences with licensing and registration which Orwick describes are not unique to North Dakota; Texas, Massachusetts, Michigan, North Carolina, Virginia and Florida have all moved from required licensing of family day care providers to some form of registration system.

Supervised family home care is a relatively new system in Canada, and not all provinces have developed formal programs. None of the provinces utilize mandatory registration. Ontario and Quebec require agencies that supervise a number of family day care homes (private homes) to be licensed. Other provinces require providers to be licensed under certain conditions. In all provinces there are family day care homes which are not subject to any form of licensing or monitoring. To date, a detailed description of individual provinces' practices in this area has not been compiled.

4.2.1.3 Fiscal Regulation

Still another form of regulation is "fiscal regulation," which is a mechanism that can be used by a funding agency to define the level of quality it wishes to purchase. In some jurisdictions, regulations apply only to funded or subsidized care, not to all care (e.g., centres in Nova Scotia which receive public funding are required to meet additional standards; in Metro Toronto, programs wishing to have purchase-of-service contracts with the municipality are required to meet certain standards which are over and above those set out by the provincial government). In the U.S. the Federal Interagency Day Care Requirements were to have served as a form of fiscal regulation and would have set federal requirements above those developed by individual states.

One should note that mechanisms or actions which might ordinarily be considered "voluntary" means of promoting high quality (such as credentialing or accreditation, or setting up a community advisory board that ensures parent input) can, in effect, become mandatory if brought in as a requirement for fiscal accountability.

Regardless of whether specific quality standards or criteria are used as a basis for licensing, registration, or fiscal regulation, in order to be effective they must be:

- appropriate,
- clearly and unambiguously worded,
- measurable, and
- enforceable.

Furthermore, in order to be implemented, adequate funding and training opportunities must be provided to enable centres or home care providers to meet the stated criteria.

4.2.2 Voluntary Measures Which Promote Higher Standards of Professional Practice

Morgan (1979) has identified two additional measures which focus on enhancing quality child care through the development of professional standards of practice for individuals and for programs.

4.2.2.1 Credentialing

Credentialing is a method which certifies that:

> ... credentialed staff have competencies for work with children that non-credentialed staff would not necessarily have. Therefore, jobs in the field can be exclusively reserved for staff with the credential, and licensing or purchasing requirements can include a requirement of credentialed staff...[32]

Hence, credentialing is a means of ensuring that individual staff in centres or individual caregivers in family day care homes have completed a specific training program and/or have demonstrated specific competencies in working with children. Licensing or registration standards or fiscal regulatory mechanisms may require that all caregivers be credentialed or be in the process of obtaining baseline certification. Different levels of credentials may be recommended or required for supervisory staff (head teachers or administrators). In addition, parents can be educated to appreciate the value of certification as a criterion to consider when selecting a day care centre or family day care home provider.

Certification of individuals' competencies can be done through post-secondary educational institutions or professional associations. (The Association for Early Childhood Education, Ontario has used criteria which include college or university education in an Early Childhood Education (ECE) program or its equivalent, practice teaching, and two years experience in the field, supervised by a certified teacher, together with observation by members of a certification committee.)

In the U.S., a well-known credentialing body is the Child Development Associate program (CDA), begun in the early 1970s, and sparked by the need to provide a training vehicle for paraprofessionals and parents who became involved in Project Head Start. It involves a comprehensive plan for training, assessing, and credentialing child care staff. The CDA competency standards have been developed to identify the specific knowledge and skills required of a caregiver. It is expected that competent caregivers will:

- establish and maintain a safe and healthy learning environment,
- advance physical and intellectual competence of children in their care,
- build in the children a positive self-concept and individual strength,
- promote positive functioning of children and adults in a group,
- coordinate home and centre child-rearing practices and expectations, and
- carry out supplementary responsibilities related to children's programs.

> Competencies are defined broadly so that they can be used by local programs as a framework for training and program development. They are based on the assumption that broad

> guidelines can be formulated for those who work with children without violating the differing educational views or cultural and ethnic backgrounds of the various child care groups served.[33]

In 1982, more than 10,000 caregivers had completed the CDA program and approximately 7,000 more were participating in training. At that time, over 25 states had incorporated the CDA credential into their regulations and 10 had included it in their draft regulations.

CDA training attempts to integrate theoretical knowledge of child development and early education with practical experience. Over 50 per cent of the training time is devoted to supervised field experiences. Training and assessment, while following basic criteria, are focused on a specific trainee. Competence is not equated with the number of years spent in school, and progression through training and assessment varies according to individual needs, abilities, and experiences.

The CDA approach to assessment is interesting also because it is based on the assumption that the trainee and the trainer, together, are a team. As well, it:

> relies on a team decision in which a Parent/Community Representative, a local advisor, a Representative of the National Credentialing Program and the individual candidate all participate. This local assessment team concept is unique ... because it includes consumer (parent) opinions and self evaluation, and because it provides for local input while respecting national standards.[34]

Although more complex and difficult to implement, work has begun on the development of a parallel approach to credentialing family day care home providers.

Because many Canadian communities are rural and lack access to post-secondary institutions with ECE programs, a method like that of CDA might be appropriate in this country - both for centre staff and home caregivers.

4.2.2.2 Accreditation

A further level of quality can be achieved through accreditation, which is: "... the identification of certain model programs as those meeting high standards agreed on by some group (public agency, private peer group, or consumer group)."[35] This is the approach currently being developed by the NAEYC in the U.S., referred to in Chapter 3 of this paper.

> Generally, accreditation has been voluntary. Programs wishing to be known as high quality programs apply for the accreditation and receive consultation and help from the accrediting group, as well as some kind of 'seal of

> approval'. Were there such a method widely in place, those who were only licensed might be less likely to wave their licenses on high as banners of quality since a license is merely permission to operate.36

Canadian experience with credentialing and accreditation has been limited to date, although work such as that carried out in Ontario's community colleges, and at Mount Saint Vincent University towards the development of a competency-based training approach could serve as a useful base for developing a Canadian credentialing program. Credentialing of individual caregivers and/or accreditation of programs are methods which would go a considerable distance towards ensuring quality care above baseline licensing or registration standards.

It is important to point out that efforts towards professional development have been hampered historically by the low salaries paid to day care workers and caregivers, combined with the lack of a career ladder and public recognition of the skills and commitment required of them. Where day care workers are fortunate enough to take additional training, they often use it as a means of moving out of day care and into other jobs such as those in the public education system, with its considerably higher salaries and benefits. Under these circumstances, the value of accreditation and credentialing programs would be dubious unless they result in real changes in public and government attitudes towards, and support of, higher quality child care.

4.2.3 Non-Regulatory Mechanisms That Provide A Range of Resources For Caregivers and Communities

Over the past two decades, there has been a growing interest in, and experimentation with the development of a number of non-regulatory mechanisms devoted to the promotion and support of quality child care. Sales (1977) and Morgan (1979) have described a number of these approaches, including a combination of education and training programs, as well as community-based resource and support services. Because the literature in this area is now quite extensive, it will not be possible to cover all of the program variations; rather, some of the more common approaches will be summarized.

4.2.3.1 Formal Education/Training of Caregivers and Other Professionals in the Day Care Field

The research reviewed in Chapter 3 has indicated that education/training specifically in child care, child development or early childhood education is a critical component of quality care in day care homes and day care centres. For this reason most provinces in Canada now require some level of post-secondary training for day care staff, especially supervisory personnel.

The availability and quality of educational and training programs for all levels of personnel in the day care field is an important factor to examine. Post-secondary programs related to early childhood education and child care are available, most commonly, through one- or two-year community college programs.

These programs are practical in nature, and generally focus exclusively on children and child care activities. Extension programs are not well-developed, and cannot offer supervised field teaching experiences. Bachelor's degrees in Early Childhood Education, Child Care, or Family Studies are available only at the University of Manitoba, the University of Guelph, Ryerson Polytechnical Institute, Mount Saint Vincent University and the University of Victoria. There are fewer master's level programs, and not even one doctoral program in Early Childhood Education or Child and Family Studies offered in Canada at this time.

The total picture that emerges is one of limited opportunities for undergraduate education, continuing education and upgrading for practitioners in the field, and graduate level course work for those occupying such professional positions as provincial early childhood consultants, administrators of day care agencies, instructors in community colleges and universities, and policy analysts at the provincial and federal levels. As a consequence, limited graduate programs have also led to limited research on day care in Canada up until the present time.

In summary, there are a variety of unmet needs related to education and training. These include:

- The need for additional community college programs with the capacity to offer:
    - basic training for family home day care providers,
    - basic training for centre staff, and
    - some continuing education for practitioners in the field.
- The need for additional university programs with an inter- disciplinary focus on child care and/or family studies, which can provide:
    - advanced training for supervisory personnel,
    - additional continuing education courses and workshops, and
    - special training and educational opportunities on a degree or certificate basis to those family home day care providers and early childhood educators who wish to commit themselves to providing care and education to children with special needs.
- The need for a limited number of post-graduate programs in Early Childhood Education and Child and Family Studies to educate future researchers, policy analysts, post-secondary instructors, and others who would assume leadership in this field.

4.2.3.2 Continuing Education, Training and Consultation for Caregivers and Administrators

In general, the day care field across the country has suffered from a lack of recognition of the need for on-going support and consultation on the job. In our experience, few day care programs have sufficient funding to allow for staff development activities. Meetings to plan programs are often held after a full-day's work, and on one's own time. Few programs have sufficient staff resources to allow time for such things as writing up records, making observations of individual children, meeting with parents, or preparing new activities. If the day care program includes some children with special needs, it is often extremely difficult for caregivers to be relieved of their "on the floor" responsibilities to attend inter-agency case conferences and to coordinate their work with the other children's services that are involved.

While the above may appear negative and somewhat strident, the lack of support for day care programs becomes readily apparent when contrasted with the wide range of supports customarily provided through the education system. For example, in Ontario, there is provision for:

- curriculum development, which ensures that discussion and debate about program content and teaching methods occurs regularly;
- professional development days;
- financial incentives and promotions for teachers who continue to up-grade their skills and knowledge; and
- funding to local boards which allows for additional resources and supports such as school psychologists, social workers, specialized and resource teachers in art, music, special education, etc.

Notwithstanding the problems identified above, there is some movement towards the development of a variety of consultation services to day care organizations. They have been sponsored by groups such as early childhood education departments in community colleges and universities, and by other community services such as children's mental health or guidance centres, and public health units. Consultants work with caregivers to assist them in refining their skills in such areas as child management, program development and working with parents. One example is the Gerrard Street Resource Centre in Toronto, which provides consultation to a number of local groups and family day care agencies, helping them to develop their skills in early identification and programming. As well, the Resource Centre operates a drop-in centre and a play group at the Family Court which provides emergency assistance to families involved in separation or divorce proceedings or with child welfare authorities. A second example is the Early Identification Project sponsored by the North York Inter-Agency Council which combines the resources of local children's mental health centres, public health, and the primary division of the Board of Education to train and support day care staff in a number of local programs.

In the absence of formal supports such as those in the education system, some of the needs for support can be gained through cooperation and voluntary coordination between day care programs and other community services.

4.2.3.3 The Development of "Professional" Associations

In both Canada and the U.S. there have been a number of efforts to bring caregivers together in a peer association to share knowledge, to provide mutual support, and to enhance professional status and win public recognition, as well as to advocate for better quality care. While Canadian associations of early childhood educators have existed for some time, in practice they have been unable to provide strong, consistent leadership because of a lack of both resources and consensus about purpose and future direction. Efforts are currently underway to develop a new national network to serve these purposes.

As yet, there have been few home caregiver associations formed in Canada. In the U.S., however, they are often developed on the basis of self-help principles. These groups provide a range of supports, from orientation and information exchange, to networking and cooperative purchasing of insurance and food, as well as training workshops.

Sale, in particular, has stressed the importance of support programs for home caregivers:

> With low pay and long hours, a support system for family day care parents is vital. If an adult is expected to provide a nurturing environment for a seven to ten hour day, then the adult must also receive some nurturing; adults cannot always be the dispensers of love and attention without also being the receivers ... the development and continued growth of self-help provider groups and training programs are some ideas that could provide assistance.[37]

4.2.3.4 Resource and Support Programs

In addition to the above, there are a number of community-based resource or support programs in the early stages of development, which provide a variety of programs such as child care registries, information and referral services, toy libraries, parent-child centres, drop-ins, parenting classes and so on. These programs operate in various ways to promote a higher degree of community awareness about child care and to enhance consumer consciousness about how to choose quality child care arrangements. They may also provide direct access to a variety of child care services. Resource programs often make use of local television and radio programs and newspapers, and may link with libraries, community or recreation centres, and public schools.

Levine (1982) has written at length about child care information and referral services. In addition to the assistance they provide to parents and caregivers, they often become the focal point in their local community for coordination, planning and advocacy efforts:

> Aside from helping parents find child care, these services typically engage in a wide variety of related activities: they offer technical assistance to start, sustain or improve child care programs within their communities; they gather data for planning and advocacy purposes; they offer support groups for single parents; and they offer clearinghouses for people seeking jobs in the child care field... From a policy perspective, child care information and referral is interesting, because it may improve the functioning of the child care market in a number of ways; matching supply and demand; maximizing consumer choice; and

> providing data about patterns of supply and demand that can be used for planning at the community level and aggregated for state or national purposes.[38]

Beck (1982) has described a more comprehensive approach to providing child care resources to local communities.

> ... In any one community, there is a special magnet centre staffed with professionals and others who run workshops for mothers and caregivers afternoons or evenings about a variety of topics. These topics can include cooking, arts and crafts, child health problems to watch for, good books to have around, or what to do about aggressive behavior in 3-year olds. The centre also lends toys and materials to day care home providers; has a hotline for caregivers to call if an emergency arises; and also has elaborate (and expensive) equipment that mothers can use if they bring their children to the centre for a few hours. The centre also provides information and referrals to health services, nutrition services, educational opportunities for caregivers, and a variety of social services that either they or parents of the children may need. The centre also runs a switchboard connecting those who need child care with those who want to provide it.
>
> All services at the centre are voluntary. All are free. All are confidential. There are no eligibility, income, or other restrictions on their use -- except a geographic one. They serve only those in that community. Magnet centre services are funded by federal and state funds and private grants. Parents providing child care receive payments from the parents using care. For families who cannot afford the full purchase price, publicly supported subsidies are available on a sliding fee scale based on parents' incomes.
>
> This is not a futuristic dream. Today, in fact, about half of all mothers with children under age 13 work outside the home; half do not. Currently there is a wide variety of child care arrangements, and full-time home makers provide the majority of child care for other families in which both parents work. Communities have networks or webs of information and services, although currently, except in a few places such as California, these networks are informal, fragile, and not used systematically. Some communities currently even have a hub of services resembling the magnet centre. It may be a Head Start program, an excellent child care program with outreach and auxiliary services, one housed in a public school that serves as a base for the various related programs, or an information and referral system, such as the San Francisco Child Care Switchboard, which has added monitoring, research, training, and advocacy functions.

> What the system described here does is to choose specific parts of several different child care programs and tie them together to form a more coherent network.[39]

4.3 Summary and Conclusions

The purpose of this paper has been to integrate what is known at this time about those factors that directly contribute to quality child care in day care centres and family day care homes. The definition we have developed, the research studies we have reviewed, and the literature we have surveyed on implementation strategies all suggest that quality child care is not simply a function of characteristics of individual caregivers or settings. Instead, it seems to be a reflection of the quality of life experienced by children, parents, and caregivers, including the extent to which they are supported by community resources and provincial and federal policies and programs.

It is clear to us that simple and singular approaches to ensuring quality may go some way towards that goal, but will not be sufficient to ensure that parents can choose from a range of quality care options, and that all children will experience consistent, supportive and stimulating care. Instead, efforts must be made to utilize a range of strategies carefully selected to achieve optimal results.

The federal government could exercise considerable leadership in a number of ways:

- Current policies related to day care funding (the Canada Assistance Plan provisions) should be reconsidered in order to fund quality child care services and resource systems, rather than (or in addition to) providing financial assistance to a limited number of families to enable them to purchase care.

- A range of research studies and information-gathering activities should be undertaken in order to learn more about:

    - the importance of other factors in addition to those already identified which have a direct effect on the quality of care provided to children in centres and family day care homes, and on the quality of caregivers' and parents' experiences;

    - the most effective ways to train and provide resources to centre and home caregivers; and

    - the effects of different policies and practices in operation across Canada.

- Federal funding and staff support should be strengthened to enable effective communication about day care issues, using such vehicles as the National Day Care Information Centre, research networks, and professional conferences and associations. It is important to facilitate information sharing across this country for:

    - policy analysts,
    - researchers and educators, and
    - practitioners in the field.

Federal-provincial consultation on day care should include discussion on a range of issues. Among them, we would suggest:

- discussion about what the role of the federal government could and should be to ensure quality child care through legislation, funding mechanisms, and procedures designed to facilitate optimal resource development and information sharing;
- consideration of more flexible federal-provincial cost-sharing arrangements designed to fund a range of services (both direct care services and community-based resource programs);
- discussion of existing differences in regulatory standards and procedures and their effects; and
- a review of cost-sharing arrangements through Established Programs Financing (EPF) or other funding means to ensure the availability and excellence of post- secondary education programs with a focus on early childhood education, family studies, and child care at both the undergraduate and graduate levels, and the possible development of a program similar to the CDA approach to be operational across Canada.

In closing, we note that quality in child care, by its very nature, is a complex issue, not easily reduced to, or served by, simple, short-term consideration. Rather, factors affecting the quality of child care arrangements and effective and efficient means to promote and sustain quality should be topics of on-going research, discussion and debate.

NOTES

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APPENDIX A

CRITERIA FOR HIGH QUALITY EARLY CHILDHOOD PROGRAMS

I. Physical Environment

The indoor and outdoor physical environment foster optimal growth and development through opportunities for exploration and learning.

A. The indoor and outdoor environments are safe, clean, attractive, and spacious. There is a minimum of 35 square feet of usable playroom floor space indoors per child and a minimum of 75 square feet of play space outdoors per child. Limited indoor space may be offset by sheltered outdoor space where climate permits reliance on outdoor space for activities normally conducted indoors. Limited outdoor space may be offset by a greater amount of indoor space, such as a gym, permitting an equivalent activity program.

B. Activity areas are defined clearly by spatial arrangement. Space is arranged so that children can work individually, together in small groups, or in a large group. Space is arranged to provide clear pathways for children to move from one area to another and to minimize distractions.

C. The space for toddler and preschool children is arranged to facilitate a variety of small group and/or individual activities, including block building, sociodramatic play, art, music, science, math, manipulatives, and quiet book reading. Other activities such as sand/water play and woodworking are also available on occasion. Carpeted areas and ample crawling space are provided for nonwalkers. Sturdy furniture is provided so nonwalkers can pull themselves up or balance themselves while walking. School-age children are provided separate space arranged to facilitate a variety of age-appropriate activities.

D. Age-appropriate materials and equipment of sufficient quantity, variety, and durability are readily accessible to children and arranged on low, open shelves to promote independent use by children.

E. Individual hanging space for children's clothing and space for each child to store personal belongings is provided.

F. Private areas are available indoors and outdoors for children to have solitude. The environment includes soft elements such as rugs, cushions, or rocking chairs.

G. Sound absorbing materials are used to cut down on excessive noise.

H. The outdoor area provides a variety of surfaces such as hard surface areas for wheel toys, soil, sand, grass, hills, and flat areas. The outdoor area provides shade, open space, digging space, and a variety of equipment for riding, climbing, balancing, and individual play. The outdoor area is protected from access to streets or other dangerous area.

II. Health and Safety

The health and safety of children and adults are protected and enhanced.

A. The centre is in compliance with the legal requirements for protection of the health and safety of children in group settings. The centre is licensed or accredited by the appropriate local/state agencies. If exempt from licensing, the center demonstrates compliance with its own state regulations.

B. Each adult is free of physical and psychological conditions that might adversely affect children's health. Staff receive pre-employment physical examinations, annual tuberculosis tests, and evaluation of any infection. No member of the staff is under investigation for or has a previous record of child abuse or neglect.

C. A written record is maintained for each child, including the results of a complete health evaluation by an approved health care resource within six months prior to enrollment, record of immunizations, emergency contact information, names of people authorized to call for the child, and pertinent health history (such as allergies or chronic conditions). Children have received the necessary immunizations as recommended for their age group by the American Academy of Pediatrics.

D. The center has a written policy specifying limitations on attendance of sick children. Provision is made for the notification of parents, the comfort of ill children, and the protection of well children.

E. Provisions are made for safe arrival and departure of all children which also allow for parent-staff interaction. If transportation is provided by the center for children, vehicles are equipped with age-appropriate restraint devices.

F. Children are under adult supervision at all times. If children are not in the direct vision of adults, adults are aware of where they are and what they are doing.

G. Staff is alert to the health of each child. Individual medical problems and accidents are recorded and reported to staff and parents. Suspected incidents of child abuse and/or neglect by parents or staff are reported to appropriate local agencies.

H. At least one staff member, who has certification in emergency first aid treatment and cardiopulmonary resuscitation (CPR) from a licensed health professional, is always in the center. Adequate first aid supplies are readily available. A plan exists for dealing with serious medical emergencies.

I. Children are dressed appropriately for outdoor activities. Extra clothing is kept on hand for each child.

J. The facility is cleaned daily to disinfect bathroom fixtures and remove trash. Infants' equipment is washed and disinfected at least twice a week. Toys which are mouthed are washed daily. Soiled diapers are disposed of or held for laundry in closed containers inaccessible to the children. The cover of the changing table is either disinfected or disposed of after each change of a soiled diaper.

K. Staff wash their hands with soap and water before feeding and after diapering or assisting children with toileting or nose wiping. A sink with running hot and cold water is adjacent to the diapering area.

L. All equipment and the building are maintained in a safe, clean condition and in good repair (for example there are no sharp edges, splinters, protruding or rusty nails, or missing parts). Infants' and toddlers' toys are large enough to prevent swallowing or choking. Staff maintenance responsibilities, except emergencies, require minimal time when children are present.

M. Individual bedding is washed once a week and used by only one child between washings. Individual cribs, cots, or mats are washed if soiled. Sides of infants' cribs are in a locked position when occupied.

N. Toilets, drinking water, and hand-washing facilities are easily accessible to children. Soap and disposable towels are provided. Children wash hands after toileting and before meals. Hot water temperature does not exceed 110°F (43°C) at outlets used by children.

O. All rooms are well-lighted and ventilated. Screens are placed on all windows which open. Electrical outlets are covered with protective caps. Floor coverings are attached to the floor or backed with non-slip materials. Non-toxic building materials are used.

P. Cushioning materials such as mats, wood chips, or sand are used under climbers, slides, or swings. Climbing equipment and swings are securely anchored.

Q. All chemicals and potentially dangerous products such as medicines or cleaning supplies are stored in original, labeled containers in locked cabinets inaccessible to children. Medication is administered to children only when a written order has been submitted by a parent, and the medication is administered by a consistent designated staff member.

R. All staff are familiar with primary and secondary evacuation routes and practice evacuation procedures monthly with children. Written emergency procedures are posted in conspicuous places.

S. All staff are familiar with emergency procedures such as operation of fire extinguishers and procedures for severe storm warnings. Smoke detectors and fire extinguishers are provided and periodically checked. Emergency telephone numbers are posted by phones.

III. Nutrition and Food Service

The nutritional needs of children and adults are met in a manner that promotes physical, social, emotional, and cognitive development.

A. Meals and/or snacks are planned to meet the child's nutritional requirements as recommended by the Child Care Food Program of the U.S. Department of Agriculture in proportion to the amount of time the child is in the program each day.

B. Menu information is provided to parents. Feeding times and food consumption information is provided to parents of infants and toddlers at the end of each day.

C. Mealtimes promote good nutrition habits. Toddlers and preschoolers are encouraged to serve and feed themselves. Chairs, tables, and eating utensils are suitable for the size and developmental levels of the children. Mealtime is a pleasant social and learning experience for children. Infants are held in an inclined position while bottle feeding. Foods indicative of children's various cultural backgrounds are served periodically. At least one adult sits with children during meals.

D. Food brought from home is stored appropriately until consumed.

E. Where food is prepared on the premises, the center is in compliance with legal requirements for nutrition and food service. Food may be prepared at an approved facility and transported to the program in appropriate sanitary containers and at appropriate temperatures.

IV. Administration

The program is efficiently and effectively administered with attention to the needs and desires of children, parents, and staff.

A. At least annually, the director and staff conduct an assessment to identify strengths and weaknesses of the program and to specify program goals for the year.

B. The centre has written policies and procedures for operating, including hours, fees, illness, holidays, and refund information.

C. The centre has written personnel policies including job descriptions, compensation, resignation and termination, benefits, and grievance procedures. Hiring practices are nondiscriminatory.

D. Minimum benefits for full-time staff include health or hospital insurance coverage that is provided or arranged, sick leave, annual leave, and Social Security or some other retirement plan.

E. Records are kept on the program and related operations such as attendance, health, confidential personnel files, and board meetings.

F. In cases where the center is governed by a Board of Directors, the center has written policies defining roles and responsibilities of Board members and staff.

G. Fiscal records are kept with evidence of long range budgeting and sound financial planning.

H. Accident protection and liability insurance coverage is maintained for children and adults.

I. The director is familiar with and makes appropriate use of community resources including social services, mental and physical health agencies, and educational programs such as museums, libraries, and neighborhood centers.

J. Staff and administration communicate frequently. There is evidence of joint planning and consultation among staff. Regular staff meetings are held for staff to consult on program planning, to plan for individual children, and to discuss program working conditions. Staff are provided paid planning time.

K. Staff members are provided space and time away from children during the day. When staff work directly with children for more than four hours, they are provided breaks of at least 15 minutes in each four-hour period.

L. The number of children in a group is limited to facilitate adult-child interaction and constructive activity among children. Groups of children may be age-determined or multi-age, except that children in diapers are grouped separately. Maximum group size is determined by the distribution of ages of children in the group. Optimal group size would be smaller than the maximum. Group size limitations are applied indoors to the group that children are involved in during most of the day. Group size limitations will vary depending on the type of activity, whether it is indoors or outdoors, the inclusion of children with special needs, and other factors. A group is the number of children assigned to a staff member or team of staff members, occupying an individual classroom or well-defined physical space within a larger room.

M. Sufficient staff with primary responsibilitiy for children are available to provide frequent personal contact, meaningful learning activities, supervision, and to offer immediate care as needed. The ratio of staff to children will vary depending on the age of the children, and the type of program activity, the inclusion of children with special needs, the time of day, and other factors. Staffing patterns should provide for adult supervision of children at all times and the availability of an additional adult to assume responsibility if one adult takes a break or must respond to an emergency. Staff/child ratios are maintained in relation to size of group. Staff/child ratios are maintained through provision of substitutes when regular staff members are absent (See Table 1).

N. Each staff member has primary responsibility for and develops a deeper attachment to an identified group of children. Every attempt is made to have continuity of adults who work with children, particularly infants and toddlers. Infants spend the majority of the time interacting with the same person each day.

Table 1

Acceptable range of staff/child ratios within group size

	Group Size									
	6	8	10	12	14	16	18	20	22	24
Infants (0-18 mos.)	1:3	1:4								
Toddlers (18-35 mos.)	1:3	1:4	1:5							
Two- and three-year-olds		1:4	1:5	1:6						
Three-year-olds			1:5	1:6	1:7	1:8				
Three- and four-year-olds					1:7	1:8	1:9	1:10		
Four-year-olds						1:8	1:9	1:10		
Four- and five-year-olds						1:8	1:9	1:10	1:11	1:12
Five- to eight-year-olds (school-age care)								1:10	1:11	1:12

V. Staff Qualifications and Development

The program is staffed by adults who understand child development and who recognize and provide for children's needs.

NOTE: NAEYC's Governing Board is considering three options for dealing with staff qualifications. The membership is asked to consider these options and send comments to NAEYC Headquarters.

1. Specify degrees and/or credentials which would be required of all staff members with identified equivalencies.

2. Specify degrees and credentials which would be recommended for the present and required after a grace period of perhaps five years.

3. Permit differential staffing in which only the program director and a portion of the staff would have to meet specific qualifications. For instance, perhaps 50 percent of the teachers would need to have formal training while the others would not.

A. The program is staffed by individuals who are 18 years of age or older and who have been trained in child development/early childhood education and who demonstrate the appropriate personal characteristics for working with children as exemplified in the criteria for staff-child interaction and curriculum. Staff working with school-age children have been trained in child development, recreation, or a related field. The amount of training required will vary depending on the level of professional responsibility required by the position (See Table 2).

Table 2

Proposed titles, responsibilities, and training requirements

Level of Professional Responsibility	Training Requirements
Level 1-Early Childhood Assistant. Preprofessional workers who carry out program activities under supervision of the professional staff	Participation in professional development programs
Level 2-Early Childhood Teacher. Professionals who are in charge of groups of children	At least a Child Development Associate credential (CDA) or an A.A degree in Early Childhood Education/Child Development and at least one full year of teaching experience
Level 3-Early Childhood Specialist. Professionals who direct educational programs in early childhood centres, supervise and train staff, and design curriculum	At least a B.A degree in Early Childhood Education/Child Development which includes or is supplemented by at least one year of full-time experience working with young children and also includes training and experience in supervision of adults, curriculum design, and staff development

B. The chief administrative officer of the center has training and/or experience in business administration. If the chief administrative officer is not an Early Childhood Specialist, an Early Childhood Specialist is employed to direct the educational program.

C. New staff are adequately oriented about goals and philosophy of the center, emergency health and safety procedures, special needs of individual children assigned to the staff member's care, guidance and classroom management techniques, and planned daily activities of the center.

D. The center provides regular training opportunities for staff to improve skills in working with children and families and expects staff to participate in staff development. These may include attendance at workshops and seminars, visits to other children's programs, access to resource materials, in-service sessions, or enrollment in college level/technical school courses. Training addresses the following areas: health and safety, child growth and development, planning learning activities, guidance and discipline techniques, linkages with community services, communication and relations with families, and detection of child abuse.

E. Accurate and current records are kept of staff qualifications including transcripts, certificates, or other documentation of continuing in-service education.

VI. Staff-Parent Interaction

Parents are well informed about and welcome as observers and contributors to the program.

A. Information about the program is given to new and prospective families, including written descriptions of the program's philosophy and operating procedures. Information is provided in the parents' native language or interpreted.

B. A process has been developed for orienting children and parents to the center which may include a pre-enrollment visit, parent orientation meeting, or gradual introduction of children to the center.

C. Staff and parents communicate regarding home and center childrearing practices in order to minimize potential conflicts and confusion for children.

D. Parents and other family members are encouraged to be involved in the program in various ways, taking into consideration working parents and those with little spare time. Parents are welcome visitors in the center at all times (for example, to observe, eat lunch with a child, or volunteer to help in the classroom).

E. A verbal and/or written system is established for sharing day-to-day happenings that may affect children. Changes in a child's physical or emotional state are regularly reported.

F. Conference times are held at least once a year and at other times, as needed, to discuss children's progress, accomplishments, and difficulties at home and at the center.

G. Parents are informed about the center's program through regular newsletters, bulletin boards, frequent notes, telephone calls, and other similar measures.

VII. Staff-Child Interaction

Interactions between children and staff provide opportunities for children to develop an understanding of self and others and are characterized by warmth, personal respect, individuality, positive support, and responsiveness.

A. Staff interact frequently with children. Staff express respect for and affection toward children by smiling, touching, holding, and speaking to children at their eye level throughout the day, particularly on arrival and departure, and when diapering or feeding very young children.

B. Staff are available and responsive to children, encouraging them to share experiences, ideas, and feelings, and listening to them with attention and respect.

C. Staff speak with children in a friendly, positive, courteous manner. Staff converse frequently with children, asking open-ended questions and speaking individually to children (as opposed to the whole group) most of the time.

D. Staff are knowledgeable about and respect the cultural backgrounds of children and adapt the learning setting to recognize heritages and acquaint children with the cultural diversity of the group.

E. Staff encourage developmentally appropriate independence in children. Staff foster independence in routine activities - picking up toys, wiping spills, personal grooming (toileting, washing hands), obtaining and caring for materials, and other self-help skills.

F. Staff use positive techniques of guidance, including redirection, anticipation and elimination of potential problems, positive reinforcement, and encouragement rather than competition, comparison, or criticism. Staff abstain from corporal punishment or other humiliating or frightening discipline techniques. Consistent, clear rules are explained to children and understood by adults.

G. Staff respect the child's right to choose not to participate at times.

H. Environmental sound is primarily marked by pleasant conversations, spontaneous laughter, and exclamations of excitement rather than harsh, stressful noise or enforced quiet.

VIII. Child-Child Interaction

Staff facilitate interactions among children to provide opportunities for development of social skills and intellectual growth.

A. Staff assist children to be comfortable, relaxed, happy, and involved in play and other activities.

B. Staff foster cooperation and other pro-social behaviours among children.

C. Staff expectations of children's social behaviour are developmentally appropriate.

D. Children are encouraged to verbalize feelings and ideas.

IX. Curriculum

The curriculum encourages children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, and to pursue their own interests in the context of life in the community and world.

A. The curriculum is planned to reflect the program's philosophy and goals for children.

B. Staff plan realistic curriculum goals for children based on assessment of individual needs and interests. Modifications are made in the environment when necessary for children with special needs. Staff make appropriate professional referrals where necessary.

C. The daily schedule is planned to provide a balance of activities on the following dimensions:

1. indoor/outdoor
2. quiet/active
3. individual/small group/large group
4. large muscle/small muscle
5. child initiated/staff initiated

D. Staff members continually provide learning opportunities for infants and toddlers, most often in response to cues emanating from the child. Infants and toddlers are permitted to move about freely, exploring the environment and initiating play activities.

E. Developmentally appropriate materials and equipment which project heterogeneous racial, sexual, and age attributes are selected and used.

F. Staff plan a variety of developmentally appropriate activities and provide materials that are selected to emphasize concrete experiential learning and to achieve the following goals:

1. foster positive self-concept
2. develop social skills
3. encourage children to think, reason, question, and experiment
4. encourage language development
5. enhance physical development and skills
6. encourage and demonstrate sound health, safety, and nutritional practices
7. encourage creative expression and appreciation for the arts
8. respect cultural diversity of staff and children, and
9. reflect aspects of life in a democratic society.

G. Staff provide materials and time for children to select their own activities throughout the day. Children may choose from among several activities which the teacher has planned or the children initiate.

H. Staff conduct smooth and unregimented transitions between activities. Children are seldom required to move from one activity to another as a group. Transitions are planned as a vehicle for learning.

I. Staff are flexible enough to change planned or routine activities according to the needs or interests of the children or to cope with changes in weather or other situations which affect routines without unduly alarming children.

J. Routine tasks are incorporated into the program as a means of furthering children's learning, self-help, and social skills. Routines such as diapering, toileting, eating, dressing, and sleeping are handled in a relaxed, reassuring, and individualized manner based on developmental needs. Staff plan with parents to make toilet training, feeding, and the development of other independent skills a positive experience for children. Provision is made for children who are early risers and for children who do not sleep.

X. Evaluation

Systematic assessment of the effectiveness of the program in meeting its goals for children, parents, and staff is conducted to ensure that quality care and education are provided and maintained.

A. The director evaluates all staff at least annually and privately discusses the evaluation with each staff member. The evaluation includes classroom observations. Staff are informed of evaluation criteria in advance. Results of evaluations are written and confidential. Staff have an opportunity to evaluate their own performance. A plan for staff training is generated from the evaluation process.

B. At least annually, staff, other professionals, and parents are involved in evaluating the program's effectiveness in meeting the needs of children and parents.

C. Individual descriptions of children's development are written and compiled as a basis for planning appropriate learning activities, as a means of facilitating optimal development of each child, and as records for use in communications with parents. These may consist of anecdotal records, classroom and playground observations, individually administered tests, locally or nationally developed progress checklists, dated compilations of children's work, or case studies.

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THE INFORMAL CHILD CARE MARKET:
PUBLIC POLICY FOR PRIVATE HOMES

Report for the Task Force on Child Care

Prepared by Nancy Miller Chenier

Based on research by Hélène Blais Bates

March, 1985

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EXECUTIVE SUMMARY

Informal child care shares many characteristics with the formal child care market. However, informal care is an unregulated, unsupervised, unlicensed private arrangement, usually conducted in a private home by individuals outside the realm of public guidelines and legislation.

Figures on the prevalence of informal child care arrangements in Canada vary slightly, but most studies indicate that this form of care is currently used for over 80% of children in care.

A survey of international literature on this subject revealed that there is no consensus on the beneficial or the detrimental aspects of informal child care; the essential point is that both negative and positive aspects do exist.

A review of four Canadian studies from four urban centres - Winnipeg, Montreal, Kitchener and Metro Toronto - provided some characteristics of the users and providers of this care. In general, users are two-parent families with some high school education, with incomes above the subsidy level, and with children under two years of age. The majority of providers are women in their late 20s and 30s, with little formal education, and with family incomes lower than the parents of children in their care.

When choosing care for their children, parents consider factors such as the child's age, proximity of care, availability, quality and cost. A majority of users indicated a preference for some form of licensed care, suggesting that public input of some kind would reduce their uncertainty about the quality of care their children received. The age of the child was a deciding factor for parents, with many favouring a home-like environment for children under two.

When some common measures of quality care are applied to the data from the four Canadian studies, concerns about physical settings, stability of the arrangement, intellectual stimulation, nutrition, and other important aspects of care are evident.

Informal child care has many advantages and disadvantages for all participants. While policy makers and legislators debate the issue, parents, children and caregivers are left to cope with the existing system. In its present state, informal care is virtually invisible, a state which many argue has strengthened it, and which others feel has created serious shortcomings. Wide-spread recognition of the scope of the existing system. and of possible consequences of action or inaction, are essential.

Mechanisms proposed to reduce the problems, while enhancing the positive aspects of the care are primarily community-based and community-focused. Much of the emphasis is on informal and flexible supports which will facilitate the role of both parents and caregivers. These include a satellite model, where family home child care is part of a larger system including centre day care and other related services. Accompanying this would be an information and referral system which also acts as a resource centre for parents and caregivers. Recommendations for formal measures focus on greater government funding, the development of special in-home training for caregivers, and some form of regulation to increase the visibility and the accountability of the child care market.

INTRODUCTION

The purpose of this paper is to review and analyse current literature on informal child care arrangements. The primary focus is Canadian, with material from other countries providing cross-cultural comparisons. By exploring its origins and assessing its current status, the paper presents alternatives for the future of this type of care.

Section One of the paper provides a definition of informal child care, presents figures on its prevalence in Canada, outlines its historical development, and summarizes pertinent findings from studies in other countries. Section Two identifies characteristics of families using this care, and of caregivers providing it. Section Three discusses factors affecting parental choices, and examines common measures of quality of care. Section Four presents the advantages and the disadvantages of informal child care arrangements, from the viewpoint of children, parents, and caregivers. Section Five suggests mechanisms for enhancing the benefits and alleviating the problems for these three participating groups, and for the entire system of informal child care in Canada.

1.0 BACKGROUND

This assessment of the informal child care market attempts to define crucial differences between formal and informal care, provide a brief examination of its origins in Canada, and, using figures from a variety of studies across the country, determine the prevalence of this type of care. While the primary focus of this report is Canadian, material from international studies is presented for comparison.

1.1 What is Informal Child Care?

Informal child care is the care of a child by someone other than the parent (mother or father, married or common-law). The caregiver - also called a babysitter, a nanny, a child care provider, - may be a relative, friend, neighbour, acquaintance, or someone who was unknown prior to the time that care was arranged. The care may be given on a regular, part-time or occasional basis.

Informal child care is an unregulated, unsupervised, unlicensed private market arrangement, usually conducted in a private home, either the child's or the caregiver's, by individuals outside the realm of public guidelines and legislation.

1.2 How Prevalent Is It?

Figures on the prevalence of informal child care arrangements in Canada vary. However, most studies indicate that it is used by more than 80% of children in care. In 1982 Statistics Canada reported that 83% of children in care other than by their parents were in their own home or in another private home (Statistics Canada Labour Force Survey Research Paper #31, 1982).

A Winnipeg study reported that 68% of preschool children were cared for in their own home or in another home, with care by sitters representing 41%, and by relatives representing 27% (Stevens, 1984, p. 18).

In a Montreal study which sampled 308 families, 88% of the respondents used private child care arrangements - 45.5% care at home, 28.9% care in another home, and 13.6% care by a relative (Pelletier, 1983, p. 25).

A Metro Toronto study, based on interviews with 742 parents, found that 45.2% used a sitter, 27.1% used a resident relative, and 15.4% used a non-resident relative (Johnson, 1977, p. 54).

A Kitchener study, which included 37 informal arrangements in its sample of 99, found the following sub-categories: 59.5% sitter-care in the sitter's home, 10.8% sitter-care in the respondent's home, 13.5% relative-care in respondent's home, and 5.4% relative-care outside the home. The remaining 10.8% was father-care (Lero, 1981, p. 12).

A Quebec study of "la garde en milieu familial", which looked at three regions (Montreal, Outaouais, and the combined regions of Bas St-Laurent- Gaspesie, Saguenay-Lac St-Jean, and Quebec) found that 70.4% of other forms of care the respondents had used. Of these respondents, 26% had used a caregiver in their home, 31% had used an unknown caregiver, 22% had used a day care centre, and 21% had used several combinations of these arrangements (Bouchard, 1983, p. 6).

A Prince Edward Island report on child care services in licensed facilities indicated that only 7.4% of the provincial preschool population is served by the existing spaces. The report also noted that licensed services for infants (birth to two years) are non-existent. In the absence of figures on unlicensed care, the report concurs with national figures claiming that 85% of children needing alternative care are in unlicensed facilities (P.E.I. Department of Health and Social Services, 1983, p. ix and p. 75).

A Newfoundland report noted that the majority of children whose parents are working are in unsupervised and unregulated family home day care, an estimated 12 000 preschoolers. Of 49 140 children under five years, approximately 30%, or 15 000, have working mothers (Government of Newfoundland and Labrador, Report of the Ministerial Advisory Committee on Early Childhood and Family Education, p. 5-6).

A Central Labrador study of child care found that 88% of working parents used informal home day care (Early Childhood Advisory Committee, Child Care in Central Labrador, Happy Valley - Goose Bay, 1981 or 1982).

1.3 How Did the Informal Child Care Market Develop?

With the transition from an agricultural to an industrial economy and the movement of the Canadian population from rural to urban settings, particularly in the latter half of the nineteenth century, the structure of the family and of society underwent significant change. Households with several generations of related individuals gave way to nuclear families comprised of parents and siblings. Close interpersonal relations generally associated with small communities disappeared as individual families and whole neighbourhoods acquired greater mobility. Work previously done within self-sufficient families moved to industrial and other commercial settings, followed by workers, male and female, and their offspring.

These developments meant that care of the young was no longer routinely shared by relatives living in, or near, the household. Cooperative care by neighbours in established communities could no longer be taken for granted. As women moved into the paid workforce in greater numbers, parents relied on paid caregivers outside of the family or in many instances, the children were left on their own or in the care of older siblings (Miller Chenier and LaBarge, 1984).

Most of the early reports of day care in Canada focus on what is now called the informal child care market - care in private homes and in unlicensed centres operated by religious or charitable groups. Although, by 1900, the National Council of Women reported some provincial and municipal government financial involvement with centres in parts of the country, there was no discernible movement toward legislated regulation of this form of child care. Laws focused on concerns such as the protection of children from cruelty and neglect by parents, the prohibition of begging by children, and the improper retention of infants in maternity boarding houses (National Council of Women, 1975, pp. 316-392).

The major turning points, in terms of legislation and efforts to set uniform standards for care, were the Second World War and the 1942 Dominion-Provincial Agreement. This latter agreement provided government subsidies for care of children whose mothers were employed in essential war industries, with costs to be shared between federal and provincial governments. Ontario, the major participant in the agreement, appointed an interdepartmental provincial advisory committee. Under the Department of Public Welfare, it established the Day Nursery Branch to promote and administer the child care program (Stapleford, 1976, p. 2-5). Although Quebec was also a participant in the Dominion-Provincial Agreement, it had no central body for coordinating the program during the war, and stopped its support when federal funds were withdrawn at the end of the war.

In Ontario, after the war ended and federal government support ceased, some parents, especially working mothers, pressed provincial governments to keep some centres open. In 1946, the Ontario Day Nurseries Act was passed, with licensing as one of its primary provisions. Other provinces slowly followed Ontario's example, creating a publicly approved and publicly financed system of child care alongside the private and unregulated child care market.

By 1966, when the Canadian Assistance Plan (C.A.P.) heralded more direct participation by the federal government, the number of women in the labour force had risen dramatically. At this time, more than 800 000 children were from families with both parents in the labour force (Canada, Department of Labour, 1964, p. 22). The need for more extensive involvement in the regulation of care was evident. With federal funding, came an increased concern for the quantity and the quality of care. However, because informal child care is in the private sphere, government involvement at all levels is virtually non-existent.

1.4 Findings From Studies in Other Countries

Much of the literature which shapes our provincial and national outlook originates in the United States. Several American studies, and several from other countries are summarized in the following discussion. Although the focus is informal/private arrangements, information on sponsored/regulated care is provided for contrast.

i) P. Divine-Hawkins, Family Day Care in the United States, National Day Care Home Study Final Report, Washington, D.C., Department of Health and Human Services, 1981.

This study looked at 303 private homes other than those of parents, in three American cities, between 1977 and 1981. The care was classified as unregulated, regulated and sponsored. Although noting considerable variation in care arrangements, caregivers in general were reported to be providing a positive, supportive environment for children. Approximately 90% of families used unregulated care; of these, about half were using their preferred type of care; 75% reported that their child had loving feelings for the caregiver; 10% reported bad experiences, the most common being injury and inadequate supervision.

The two major groups of caregivers providing unregulated care were women in their late 20s and 30s with children at home, and women in their 40s and 50s with at least one relative's child. The average number of children in all types of home care was 3.5, including the caregiver's own children; regulated or sponsored family day care had larger enrollments of children (4.3), with most of these caregivers having more experience and more education. On the whole, caregivers in all home care situations spent two-thirds of the day in child-related activities, 46% in direct interaction and 17% preparing for them or supervising. However, a comparison of all groups indicated that interaction by sponsored caregivers was greatest, while unregulated caregivers interacted the least.

ii) B. Mayall and P. Petrie, Minder, Mother, and Child, London, England, University of London Institute of Education, 1977.

This book reports on a study, directed by Jack Tizard, assessing the quality and continuity of care given in London, England by private home caregivers, known as child minders. The names of registered child minders are registered with the local authority; supervision and training are at the discretion of the locality. On the whole, the care was found to be less than adequate, and not particularly continuous. Children in this type of care received less attention than those in nurseries, and were more subdued.

In contrast, a system implemented in Denmark to meet the need for child care without lowering the standards is reviewed by Wagner, Marsden, and Wagner, who note certain benefits and disadvantages of the system. Although supervision of the care, adequate remuneration for the caregiver, and established standards are part of the system, concerns remain about caregiver competence, facilities provided, services to children with special needs, continuity of care, and isolation of caregivers.

iii) Arthur C., Emlen, Betty A. Donoghue, and Quentin D. Clarkson, The Stability of the Family Day Care Arrangement: A Longitudinal Study, Corvallis, Oregon, Oregon State University, 1974.

This study used a sample of 116 private family day care arrangements followed from beginning to end. Data was obtained from mothers and from caregivers three times - twice during care, and once at termination. Through investigation of mother and caregiver attitudes, and of the characteristics of the arrangement, the study aimed to identify sources of stability and instability in private family day care arrangements.

All caregivers had less than five children in their care. Care in the home was not radically different from that received in the child's home. The findings showed that mothers and caregivers matched themselves on values, lifestyles, and child-rearing patterns. Reasons for terminating the arrangement were other than parental dissatisfaction, the majority being change of employment, marital disruption, and mobility. While widely praised as a trail- breaking effort, the study is also criticised for its sample, which probably excluded low-income respondents and poor-quality care arrangements.

iv) June S. Sale and Y.L. Torres, I'm Not Just A Babysitter: A Descriptive Report of the Community Family Day Care Project, Pasedena, California, Pacific Oaks College, July, 1971.

This project included 22 family day care arrangements, found through community contacts, with the intention of studying formal and informal networks of child care, and possible support systems. The overall conclusion was extremely positive, describing this form of care as providing a warm home-like environment, and educational and developmental stimulation. Support systems, including a nursery school, demonstrations for mothers and caregivers, and a toy-loan mobile are explored.

v) M.M. Saunders and M.E. Keister, Family Day Care: Some Observations, Washington, D.C., Day Care and Child Development Council of America, 1971.

This two-year longitudinal study, which examined private family day care homes in North Carolina, reached pessimistic conclusions regarding the development of infants and toddlers in this type of care. Of twelve infants started in family day care before one year, one-third showed losses in mental development quotients, two-fifths showed losses in motor development, and one-half showed losses in social development. The study also found that there was little continuity of care, siblings were not accommodated, caregivers were often older women with no children at home, and middle-class families were generally unable to find home care in their neighbourhoods.

1.5 Summary

Currently the most prevalent form of child care in Canada, informal child care, operates through private transactions outside public guidelines and standards.

As the preceding review of international studies suggests, there is no concensus on the virtues or the detrimental aspects of informal child care. The studies point to both positive and negative factors. In recognizing the widespread use and need for informal care, action must be directed toward building on the positive aspects, thereby reducing the negative ones.

2.0 USERS AND PROVIDERS

The preceding section indicated that informal child care is the most prevalent form of care in Canada. This section focuses on the participants in informal care arrangements, using studies conducted in Canada over the past eight years, to provide a profile of the parents, children, and caregivers. Variables such as marital status, ethnic background, education, income level, and children's age are considered.

2.1 The Informal Child Care Market: An Overview of the Findings from Four Canadian Studies

Four Canadian studies (Stevens, 1984; Pelletier, 1983; Lero, 1981; and Johnson, 1977) examine the informal child care market, and provide substantial quantitative data useful for this report. The following section summarizes information about the samples, methodologies and general findings.

i) Harvey Stevens, Child Care Needs and Realities in Winnipeg, 1984: A Report for the Manitoba Child Care Association, Winnipeg, The Social Planning Council of Winnipeg, 1984.

This Winnipeg survey conducted interviews with 2 202 parents who used care on a full- or part-time basis for their preschool and school-age children (the only study to include school-age children). This study divided care arrangements into four groups: non-market care (provided free of charge, mainly by relatives), private-market care (non-licensed), subsidized licensed care, and non-subsidized licensed care. The first two categories are used for the purposes of this report.

Of the families with children living at home, close to half of the total number (46%) used some form of child care. The rate of use was higher for families with all children under five years (54%), and lower when families with children from age zero to thirteen were included (36%). Of the children under five years, 68% were in informal child care with either sitters or relatives. Not all such services were paid.

ii) Guy Pelletier, Faire garder nos enfants... Une enquete sociologique realisée aupres de parents d'enfants d'age préscolaire de la Rive-sud de Montréal, Montréal, Université de Montréal, 1983.

This Montreal study included 308 parents with preschool children (five years or less), included full-, part-time and occasional care, and waged work, non-waged work or pleasure activities. Types of care were divided as follows: care in the home used by 45.5% of the respondents, outside the home used by 28.9%, by a relative used by 13.6%, and at a day care centre used by 12%. The first three comprise informal care as defined by this study.

Pelletier analyzed the data on the type of care used most frequently by parents whether for several hours or for five days every week. He concluded that care in the child's home (45.5%) is most frequently used; this is followed by care in another home (28.9%).

iii) Donna S. Lero, Factors Influencing Parents' Preferences for and Use of Alternative Child Care Arrangements for Preschool-Age Children, Guelph, Ontario, University of Guelph, College of Family and Consumer Studies, 1981.

This Kitchener study explored the choices of 99 mothers working full-time with children aged two years to six years, 37 using informal arrangements, 20 Family Home Day Care, 22 non-profit day care centres, and 20 private day care. Informal care users included: 22 (59%) using sitter care in the sitter's home, 4 (10.8%) using sitter care in the respondent's home, 5 (13.5%) using relative in the respondent's home, 4 (10.8%) using father care, 2 (5.4%) using a relative outside the home.

iv) Laura Climenko Johnson, Who Cares? A Report of the Project Child Care Survey of Parents and their Child Care Arrangements, Toronto, Community Day Care Coalition and the Social Planning Council of Metropolitan Toronto, 1977.

This Metro Toronto survey looked at 742 respondents with preschool age children in care for more than fifteen hours per week. 95.6% of the respondents were female, and 4.4% were male. Of the children in care, 45.2% used a sitter, 27.1% used a resident relative, 15.4% used a non-resident relative, and 11.1% used a day care centre.

2.2 A Family Profile: Parents and Children

2.2.1 Marital Status

In all the studies, the majority of families were comprised of two parents: 80% in the Winnipeg study; 95% in the Montreal study; 67% in the Kitchener study; and 87% in the Metro Toronto study. When marital status was related to type of care used, both the Winnipeg study and the Metro Toronto study indicate that two-parent families are more likely than single-parent families to use an informal care arrangement. In Winnipeg, 72% of two-parent, compared to 39% of one-parent families, used informal (private-market and non-market) care, while in Metro Toronto, 90% of two-parent and 72% of one-parent families used informal (sitter and relative) care. In the Kitchener study, the analysis differed, with the marital status being tabulated separately for each type of care, rather than across all care types. Within the group using informal care (relatives or sitters), two-parent families comprised 78%, while one-parent families constituted only 22%. In the Montreal study, perhaps because the sample included such a high number of two-parent families (95%), marital status was not used in the analysis of care arrangements.

When the Winnipeg study looked at school-age children, marital status was again a factor affecting the use of unlicensed (private-market) care. The children of two-parent families used it in 94% of the cases surveyed, while the children of single-parent families used it in 74% of the cases.

2.2.2 Ethnic Background

The studies differ in their breakdown for this variable. The Winnipeg study looks primarily at English and French together (85% of the respondents), and compares them with all other home languages. The Montreal study indicates that 96% of the sample had French as a mother tongue. In the Kitchener study, 67% indicated that their cultural background was Canadian, British or French. In the Metro Toronto study, family ethnicity was measured by considering parental place of birth, in combination with home language, with 43.9% being Canadian-born or English-speaking.

The Winnipeg study identifies some differences in the type of preschool child care arrangements within the formal system, related to the home language of the parents. For example, the parents with English and/or French as their home language indicated the greatest use of unlicensed (private-market) care for their preschool children (47.6%), while those who had another home language indicated the greatest use of the free (non-market) care (46.8%). However, overall, informal care arrangements were used by approximately 64% of those with English and French as the home language, and by approximately 83% of those with another home language (Table 6.3, p. 76).

In the 1977 Metro Toronto study, sitter care was the dominant type of care for both Canadian-born or English-speaking (55%) and West Indian (64%) respondents. Other ethnic groups - Italian, Portuguese, Greek, Chinese - relied on relatives, primarily those living with them. Only 39% of all ethnic respondents relied on sitter care, compared to 55% using relatives. Canadian-born or English-speaking respondents used sitters in 55%, and relatives in 27% of the cases (Table 3.7, p. 68, and Table 3.8, p. 69).

Of the other studies, the Montreal study did not provide a breakdown by language, probably because only 4% of the respondents had a mother tongue other than French; in the Kitchener study, the largest percentage of informal care users indicated Canadian as their background (35.1%), followed by Eastern European (18.9%) and French (16.2%).

With school-age children, the Winnipeg study indicates that the home language is not a major variable affecting the placement of children in unlicensed (private-market) care. The percentage of children using this type of care is comparable for parents with English and/or French language (24%) and other languages (27.7%) as a home language.

2.2.3 Education

While all studies analysed the effect of educational level on the type of care arrangement used, the findings do not show the same correlations, and are not conclusive indicators of the effect of this variable. Because each study used a slightly different grouping of educational level, comparisons are more difficult. For example, the samples do not specify whether the respondents who indicated some university education are currently studying, and therefore eligible for access to subsidized university day care.

The Winnipeg study suggests that some correlation does exist between the type of child care used and the educational level of parents whose incomes are at, or below, the cut-off point for low-income subsidies. However, it points out that the relationship is not strong or clear. For example, parents with some university education, and parents with less than eleven years of education were most likely to have their preschool children in subsidized licensed care (76% and 64% respectively), compared to unlicensed (private-market and non-market) care. The opposite was true where the parents had more than eleven years of education, but no university schooling. In this instance, more than 60% of the preschool children were in informal care arrangements (Table 6.4, p. 77).

The Montreal study indicates that parents with higher levels of education (14 years and more) used child care centres more frequently (68%) than the other respondents. Respondents with from 12 to 13 years, and with more than 14 years of education, comprised similar percentages (about 40% each) of the users of care in their own home, and care in another person's home. Parents who had from 12 to 13 years of school used care by relatives most frequently (55%), followed by those with 11 years or less of education (34%) (Table 8, p.26).

The Kitchener study, when assessing the impact of education as a variable in care arrangments, indicated no significant difference between mothers overall. However, mothers with Grade 11 or less, and no post-secondary education, comprised the largest percentage (32%) of those using informal care arrangements. With the fathers, the differences were much clearer, with those with grade 11 or less comprising the largest percentage (41%) of informal care users. Fathers with university used non-profit day care more than those with grade 11 or less (Tables 3.5 and 3.6, p. 45-46).

The 1977 Metro Toronto study shows that sitters were the most frequent type of care (56%) used by respondents with post-secondary through to post-graduate education. In contrast, respondents with elementary or less education, used relatives 63% of the time (Table 3.22, p. 95).

For school-age children, the Winnipeg study shows that those with parents who completed university were more likely to be in the unlicenced (private market) for after-four care (32%), than are the children of parents with under eleven years of education (15%).

2.2.4 Income Level

In discussing income levels and informal care, it is important to remember that private, unsupervised care may be quite different for varied income groups. Respondents in higher income brackets may use live-in housekeeping and nanny situations. In addition, those with incomes under $5 000 may be working irregular hours, and work-weeks which do not conform to the structure of centres, or the lifestyles of non-resident relatives.

The Winnipeg study indicates that subsidized licensed care was used by slightly more than half of the preschool children of families with incomes at, or below, the Statistics Canada Low-Income Cut-Offs (LICO). In contrast, more than 70% of the preschool children of families with incomes from one to two times greater than the low-income cut-offs were in informal child care arrangements. Parents with the highest incomes, at least twice the low-income cut-off, used informal child care arrangements 60% of the time (Table 6.1, p. 75).

The Montreal study notes that employment is a significant variable in the choice of care arrangements. When parents worked full-time, they comprised 79% of the licensed centre users and 63% of users of unlicensed care outside the home. Parents who worked at home were the most frequent users of both care by relatives (64%), and care in the home (46%) (Table 7, p. 26).

In the Montreal study, family income affected the type of care utilized by parents. Those with family incomes of more than $50 000 utilized informal care arrangements more than day care (80%): out-of-home care (48%) and in-home care (32%) were most frequent. More than 90% of those earning $30 000 to $49 999 used informal care arrangements: 52% in-home care, 30% out-of-home care, and 8% relatives. Of families earning less than $14 999, 43% used in-home care and only 19% used out-of-home care, 28% using care by relatives (Table 10, p. 32).

In the Kitchener study, the greatest users of informal care were those earning $19 000 and up, who comprised 67.5% of the users of this form of care. In contrast, those earning $19 000 and under, were 100% of the users of Family Home Day Care (Table 3.9, p. 50).

In the 1977 Metro Toronto study, of those with the highest income ($30 000 and over), 67% used sitters, and 20% used relatives. This group was followed closely by those with the lowest incomes (under $5 000) 60% of whom used sitters and 27% of whom used day care centres. Other income groups as well relied on sitters for between 35 and 50% of the care. For those earning between $10 000 and $20 000, care by relatives represented approximately half of all care (Table 3.19, p. 88).

The Winnipeg study indicated that the highest percentage of all school-age children from all income groups were in various free (non-market) situations. Of school-age children from families at, or below, the subsidy cut-off point, a high percentage (29%) were in unlicensed (private-market) care. An even higher percentage (39%) of children of families with incomes at one-and-a- half to two times the subsidy cut-off were also in unlicensed care. In contrast, only a small percentage (11%) of the children of families earning more than twice the subsidy level were in this type of care (Table 6.5, p. 78).

2.2.5 Age of the Children

The Winnipeg study divided the preschool group into the under-two-year-olds and the two-to-five-year-olds. Of the group under two years, the smallest percentage (8%) were in licenced day care, while the largest percentage (54%) were in care in another home. Of the children in unlicenced arrangements, slightly more than half were in the care of a non-relative sitter, either in their own home or in another home, while the rest were cared for by a relative (Table 3.3, p.26).

Of the two-to-five-year-old groups, a slightly larger percentage (40%) were in licenced day care, while the rest were divided fairly equally between nursery school or kindergarten, care in their own home, or care in another home. Care by sitters was more prevalent than care by relatives (Table 3.3, p.26).

Stevens notes that "the child's age has a significant bearing on both the type of arrangements used and the number of such arrangements. For children under two years there is very little licenced care compared with 41 per cent of children two to five years of age. Accordingly, both relatives and private sitters fill the gap between overall demand and supply, with relatives looking after 42 per cent of infants in care and private sitters, 50 per cent. By comparison, relatives care for only 25 per cent of children two to five years and sitters for 39 per cent." (p. 19)

When the Winnipeg study looked at the economic nature of the service provided, it found that non-market or free-of-charge care accounted for care of one in five preschool children, with such care arrangements more likely for children under two years. Private market arrangements predominated for the care of children under two (63%), while private and public market arrangements shared the two-to-five-year-old market (43% and 45% respectively) (p. 20 and Table 3.5, p. 28).

The Kitchener study indicates that, of the youngest children (12-23 months) in the sample, the largest percentage had been started at private day care centres. Of those starting their current arrangement when the child was 24-35 months, the largest percentages were informal care (40.6%), private day care centres (35.4%) (Table 4.1, p. 55).

The Winnipeg study indicates that, as with preschool arrangements, the child's age influences the nature of school-age arrangements. Older children (9-12 years) are more likely to care for themselves or be cared for by siblings. Younger school-age children are more likely to be in licenced care arrangements (17%), or in the private market (41%), the latter primarily by sitters (Table 3.8 and 3.9, p. 31-32).

2.3 The Caregivers

The four studies examined the characteristics of parents and children using informal care, and one, the Metro Toronto survey, provided significant analysis of the characteristics of caregivers. Using the latter study, Laura Johnson and Janice Dineen provide further descriptions of providers of informal care (Johnson and Dineen, 1981, pp. 57-74). The following discussion outlines the findings on caregivers.

The Montreal study of informal care arrangements provided some information on age, reporting that the average age of the caregivers was 28 years, with the highest percentage of caregivers (21.5%) between 18 and 29 years of age. However, 35% were less than 18 years of age, the majority of these providing care for several hours per week (Pelletier, p. 115).

The Metro Toronto study provides the following profile of the caregivers in the survey:

- The mean age of the caregivers was 39.5 years. Relatives who served as caregivers tended to be older, with an average age of 45 years; a sitter providing care in her own home was on average, 37 years of age; a sitter in the home of the child was younger, generally between 25 and 30 years old (Johnson, p. 133).
- Almost all of the caregivers were female (97%), and 75% were married.
- Over 70% of the caregivers were in the two lowest socio-economic status (SES) categories, with almost 50% in the lowest category.*

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* This study used the SES index developed in Bernard R. Blishen and Hugh McRoberts, "A Revised Index for Occupations in Canada," The Canadian Review of Sociology and Anthropology, Vol. 13, February, 1976, pp. 70-79.

When comparison was made with the parents in the survey, the caregivers' socio-economic status tended to be below the parents using the care. Of these parents, 57% were in the two lowest categories, while only 29% were in the lowest.

- Only 4% indicated formal training or professional experience; 6% had no prior experience, or had only casual babysitting experience; the majority (58%) cited experience as a parent as their previous child care experience.
- Non-relative sitters caring for the children had homes situated very close to the parents' home; the mean distance travelled by the parent was six blocks (compared to almost 26 blocks travelled by parents using day care centres.)
- More than 63% of the caregivers lived in single family or semi-detached housing, while almost 30% lived in an apartment building, either low-rise (one to four floors) or high-rise (five or more floors).

Several studies divided informal care givers into relatives and sitters:

- In Winnipeg, 41% of the children were cared for by sitters, while only 21% were in the care of relatives. Care by a sitter was more likely to be in the sitter's, than in the child's home (25% versus 15% of children), while care by relatives was slightly more likely to be in the child's home (16% versus 11% of children) (Stevens, p. 18).
- In Kitchener, almost 60% of the informal care was provided by a neighbour or acquaintance outside the child's home, and 35% was in the child's home by a relative or sitter. Only 7.1% was care by a relative not including the father (Lero, p. 32).
- In Montreal, 45% of the children were cared for in the parental home by non-relatives, 28% were cared for in another home by non-relatives, and 13.6% were cared for by a relative, the location not specified (Pelletier, p. 23).
- In Metro Toronto, care by a sitter in her home and care by a live-in relative were the most common (both 27%). Care by a relative living outside the child's home accounted for 11.7% of the arrangments (Johnson, p. 111).

Material assembled by Johnson and Dineen contributes further to the profile of informal caregivers:

- Most caregivers had little formal education: about three quarters didn't complete high school, and more than half went no further than elementary school.
- Almost one-quarter of 281 caregivers had some regular or recurring health problem.
- The average income for 281 caregivers in 1976 was $1 268.30, while their average expenses for providing care were $1 633.00.
- Fewer than half of the caregivers could think of any expenses incurred, although 42% provided food, and 15% remembered buying toys.
- Fifteen per cent of the caregivers reported receiving no money for looking after children.

- Caregivers with little or no formal education tended not to define caregiving as work; those who had gone beyond elementary school were likely to regard it as a job, and to demand higher rates of pay.
- Half of the caregivers had provided care for less than two years; about one-third had looked after children for five years or more.
- One-fifth of the caregivers felt that infants would receive better care in a centre; the majority thought that children over three would receive better care in a centre.

2.4 Summary

Because the studies did not use the same measures for determining characteristics, conclusions must be made with care. On the whole, users of informal care are two-parent families with some high school education, with income levels above the subsidy range, and with children under two years of age. The majority of providers are women in their late 20s and 30s, with little formal education and with lower incomes than the families of children in their care.

To fully understand the dynamics of the informal child care market and the balance or imbalance which exists between demand and supply, more data on cultural background, regional factors and rural/urban differences must be obtained. While the material on parents suggests some common characteristics of users which can be utilized to formulate policy, other traits need identification. The general lack of material on caregivers, while understandable considering the private nature of the transactions, nevertheless provides a major impediment to ensuring quality care for children in these arrangements.

3.0 CHOICES AND QUALITY

Unsupervised family home day care is the most prevalent form of child care across the country. The quantitative reasons for its dominance are numerous: supervised spaces are minimal, and in most provinces are available for less than 10% of the preschool population needing alternative care; costs of supervised care are high for any parent even slightly outside the full subsidy range; many centres have prohibitive age limit - (two years of age and toilet-trained are common criteria.) However, other factors go beyond affordability and availability, to the sphere of family values and preferences. This section examines these factors and common measures of quality.

3.1 Why Parents Choose Informal Care

Given the small number of licensed spaces currently available, the notion of choice is unrealistic. However, the responses of parents in Winnipeg, Montreal, Kitchener and Toronto did indicate that factors such as child's age, proximity of care, availability, quality, and cost were considerations when making a choice. While a majority of parents indicated a preference for licensed care, they frequently settled for a convenient location with a person liked by the child, and sharing similiar views on child-rearing.

In the Winnipeg study, when parents who had used care within the previous twelve months were asked which type of care arrangement they preferred for a child under three, 62% said they preferred some form of licensed care, while 27% opted for care by a sitter. Parents who had never used care were 50% in favour of licensed care, and 41% in favour of sitters (p. 59). With children aged three to five years, parents who had used care in the previous year were 85% in favour of licensed care and only 7% in favour of sitters. Those who had never used care were 65% in favour of licensed care and 29% in favour of sitters (p. 63).

When asked why they preferred a particular option, respondents who chose care in a home with either a licensed or an unlicensed caregiver/sitter, emphasized the potential for more individual attention and the home-like environment. For those indicating a preference for sitters, the next most important criterion was that the caregiver be known and trusted by the parent. For those preferring licensed homes, the fact that it was government-inspected was next most important (p. 60 and 62). Stevens interprets these results as indicating the important role of licensing in reducing parental uncertainty regarding the quality of care: "...where the parent does not personnally know the caregiver, knowledge that the service is 'government-approved' or 'licensed' acts as the substitute for personal knowledge about the caregiver" (p. 53).

In the Montreal study, when parents were asked if the services offered by a day care centre were of a better quality than those offered by a sitter in a home, 26% said yes, 24% said no, and 37% said they were equal. While two-parent families were evenly divided between the two forms of care, 60% of the single-parent families felt that day care centres were better. When the respondents were divided by income, those earning less than $15 000 were almost half (47%) in favour of day care centres, while of those earning over $50 000, only 19% felt that day care centres were better. When the respondents were divided by the type of care which they used, 73% of those using day care centres thought they were the better quality care, while those using other forms of care favoured sitters slightly over centre care (30% and 23% respectively) (p. 50).

In the Kitchener study, respondents were asked to indicate which arrangements they believed to be available to them when they began a serious search for their current child care arrangement. On the whole, sitters were perceived to be more available than other forms of care. Those using informal care perceived sitters to be the type of care most available and relative care the next moxt available alternative.

When respondents were asked how they perceived sitter care prior to their active search for their current arrangement, 28% saw as the major advantage a home-like environment offering individualized care. The principal disadvantages seen by respondents were the variable quality of care, unreliable sitters, and inadequate stimulation and physical care.

Respondents in this study were asked to indicate the most important factor influencing their decision about their child care arrangement. The top three factors for users of informal care were, in order of ranking: the caregiver's personality and attitudes to child rearing; the child's familiarity with, and response to the caregiver and the convenience of location.

The Kitchener study indicated that respondents who chose an informal arrangement tended to limit their search to informal care; care by a sitter in the sitter's home was considered most frequently. To select their arrangement, they relied heavily on friends and past caregivers as personal sources of information. Classified ads in the local newspaper were by far the most frequent source. However, more than half (52%) of the informal users knew the caregiver 'very well' or 'fairly well', while an additional 19% knew the caregiver 'a little'. The informal users also were more likely to know about the caregiver's family status and previous experience with child care.

In the Toronto study, when respondents were asked about their 'ideal' day care arrangement, almost half (49%) indicated day care centre. The remainder of the replies were as follows: 16% for a paid sitter in her home, 12% for a resident relative, 10% for a paid sitter in the respondent's home, 8% for a non-resident relative, and 5% for a paid, live-in sitter (p. 255).

When the data was interrelated with family ethnicity, some interesting facts emerged. An earlier reference was made to the high rate of care by relatives among Italian, Portuguese, Chinese, and Greek families. Although the proportion of these families expressing a preference for relative care was higher than for other ethnic groups, the majority stated a preference for either centre or sitter care. The Italian families were 56% in favour of centres as their preferred choice, followed by West Indian families at 50%. The Portuguese and Greek families preferred relative care in 46% and 44% of cases respectively, followed by centre care in 31% and 32% of cases respectively. Of the Chinese families, 56% preferred sitters (Table 7.3, p. 228).

Age of the child was an influencing factor. For a one-year-old child, 70% of parents preferred home care; for a three-year-old, only 20% preferred home care. For a five-year-old, 17% preferred a sitter in the home. An open-ended question which probed parents reasons for selecting a particular type of care revealed that parents felt that a sitter in a home provided the opportunity for individual, loving attention deemed important for children under one.

3.2 Some Measures of Quality

Factors such as family preference were discussed briefly in the preceding section; this section will examine the existing data related to more measurable aspects of day care quality. Proximity of care to the child's home, the number of children in the care setting, number and variety of activities in the care setting, the physical setting, length of stay with caregiver, and flexibility are considered here.

Lero and Kyle, in their paper submitted to the Task Force on Child Care, note three primary viewpoints which lead to differing assessments of quality, but which should be integrated to provide the best care for a child. These views are: child care as a service to working parents, child care as a means of enhancing children's development, and child care as one of a broader range of family-support services (p. 10).

For all the views, quality may mean providing a loving home-like environment where the child is safe, happy, nourished, and active. To meet the needs of working parents, care must be reliable, affordable, flexible, in a convenient location, consistent with their values and beliefs, available for a sick child, and as close as possible to care received at home. To enhance the child's development, the emphasis is on structural factors such as group size and adult-child ratio, program development and implementation, and caregiving interactions. To integrate the child's total environment, the provision of services which enhance the functioning of families, including everything from health checks to parental counselling is important.

3.2.1 Flexibility of Care

For parents who work part-time, share jobs, or have varying shifts, flexibility is an important factor.

In the Winnipeg study, Stevens notes a greater use, outside of nursery school/kindergarten, of non-relative sitters on a part-time basis (less than 20 hours per week), compared against either relatives or licensed facilities.

In the Montreal study, 57.4% of parents using private care were motivated by employment or study, while 74% used it for leisurely pursuits or shopping. In the same study, family income was a factor, with the majority of families earning less than $30 000 using care occasionally, compared to families with incomes over $50 000, who used child care four to five days per week.

In the Metro Toronto study, those using sitters in their home (7% of users) were evenly divided in the number of hours they used the care: 36% used the care less than 20 hours, 33% used it between 20 and 40 hours, and 31% used it for over 40 hours per week.

3.2.2 Proximity

Access to care within a reasonable distance from home and work is important both to parents and children. When the care is convenient for the working parent, it ensures that the child is dropped off and picked up at the designated times, with a minimum of travel-induced stress for all parties. The location of the care whether close to the child's home or close to the parents' workplace can provide benefits. A neighbourhood setting allows the child to sustain the sense of community, while proximity to the workplace permits greater daily interaction between parent and child, and some breaking down of sharp divisions between the public work sphere and the private family sphere.

The Winnipeg study reported that 29% of families surveyed used care by sitters and relatives in the child's home. The Montreal study noted that 45% of the care was by a non-relative in the family home, while 14% of the care was by a relative in an unspecified location. The Kitchener study indicated that 35% used care in the family home. In the Metro Toronto study, 36% of respondents used care in the child's home.

3.2.3 Continuity of Care

Children, parents, and caregivers presumably benefit from longer relationships where all parties can build trust and commitment. While the studies don't provide the same measures of this aspect of care, they do suggest considerable variation in the number of care arrangements and the length of stay which a child might experience.

The Winnipeg study noted that, during the previous week, children under two years were almost exclusively (97%) in one type of arrangement, while 64% of two-to-five-year-olds, were in one care arrangement, and 33% had been in two care arrangements (p. 27). The Montreal study found that the average length of stay (full-time or occasional) with the same caregiver was 120 weeks. Over the previous two years, 49% of the respondents had used the same caregiver, 20% had used two caregivers, 13% three, 7% four and 11% more than four (p. 121). The Metro Toronto study determined that sitter care was shorter in duration than relative or centre care, averaging less than 10 months.

3.2.4 Reasons for Termination

Again, the studies vary in their focus on this factor but, in general, indicate that termination of a care arrangement was more often instigated by parents rather than by caregivers. The major reason was change in the parent's life' rather than dissatisfaction with the type of care given to their child.

In the Montreal study, Pelletier determined that parents employed full-time tended to retain their arrangements longer than those employed part-time. Those employed part-time had the greatest difficulty finding a regular caregiver (p. 100). The Kitchener study did not ask how many previous types of arrangement the respondents had used, but did ascertain that 93% of the informal users had changed care, 48% of them because the service was no longer available or because the family had moved, and 20% because they thought it best for the child (p. 67). The Metro Toronto study found that parent initiative was the most frequent reason for change: 50% because of change in employment or place of residence, 14% because of previously planned termination, and 10% because of problems relating to the child's care (p. 206).

3.2.5 Satisfaction with Informal Care

Although parents do not frequently change their care arrangements for reasons related to quality of care received, they are not always completely satisfied with the quality of care. The fact that they stay with care that is less than satisfactory indicates, among other things, limited consumer choice.

In the Winnipeg study, parents were asked to assess the quality of care currently received by their children. For parents with children under three, only 67% judged their sitter arrangements to be 'excellent', compared to 87% for relative care and 89% for licensed care. Stevens interprets this to mean that 33% of private sitter arrangements do not meet the parents' expectations of adequate care. For children from three to six years of age, only 64% rated sitter care as 'excellent'.

In the Montreal study, when parents using sitter arrangements were asked about change, 71% said they preferred to continue with their current situation, while 27% wanted to change to a centre. In general, 67% were 'very satisfied' with their caregiver, 33% were 'satisfied', and less than 1% were 'unsatisfied' (p. 109).

In the Metro Toronto study, when respondents were rated on their level of satisfaction with the care arrangement, sitter users were less satisfied than other users. Over one-third (35%) indicated a low level of satisfaction (p. 252).

3.2.6 Group Size in Informal Care

Most provinces have specific standards relating to the number of infants and of older children to be cared for by one person. In general, no more than five children are permitted in one group. However, as Tamra Thomson noted in a report for the Task Force, while "it is relatively easy to determine if licensed or approved facilities are meeting standards set by legislation", those facilities in private homes which operate outside the law are more difficult to identify and to check (Thomson, 1985).

The Metro Toronto study indicated that, in approximately 45% of arrangements, the caregiver provided care for more than one family. Approximately 26% cared for two children, 32% cared for three children, and 18% for more than the recommended number of five children per primary staff person.

3.2.7 Training and Experience

Many people - caregivers, parents, and policy makers among them - feel that anyone who has been a mother is qualified to care for children. They ignore the fact that some people have difficulty coping with their own children, that other people's children have different needs and expectations, and that proper training can enhance the experience for both caregiver and child.

As noted in the earlier profile of caregivers, the Metro Toronto study indicated that the majority of the caregivers had previous experience as a parent (58%), or as a caregiver (20%). Only 4% had formal training or professional experience. As Johnson and Dineen point out, too often caregivers are in the job because it is work which they can do in their own home while they care for their own children, learn a new language, seek other work, or remain at home because of illness (Johnson and Dineen, p. 61).

3.2.8 Physical Setting

The provision of adequate space and safe surroundings is essential to the developmental needs of a young child. In licensed centres, fire safety, floor area, and safety of architectural features such as stairs and kitchens are aspects which may or may not be provided for in private homes, where informal care is commonly given.

Only the Metro Toronto study notes the physical arrangement of the care setting, specifically the type of housing used by the caregiver. About one-third of the arrangements were with caregivers in highrise apartments. The study found that in this type of arrangement children were less likely to go outside on a regular basis.

3.3 Summary

The type of care situation preferred by parents and the type which is actually available may not correspond. While many parents indicated a preference for home care for young children under two years, they also indicated that they favoured some form of public involvement (licensing, registration, sponsorship) to provide a guide to help them in their selection.

On the whole, information on the quality of informal care arrangements in Canada is limited; the data which has been collected is not encouraging. As noted above, the physical setting, the number of care arrangements and other factors vary considerably from one arrangement to another. In addition, the Metro Toronto study noted concerns regarding nutrition, intellectual stimulation, affection, and discipline.

4.0 ADVANTAGES AND DISADVANTAGES OF INFORMAL CARE

Discussion of the informal child care market gives rise to a marked division between those who argue for its continuation and enhancement, and those favouring its demise. The foregoing discussion supports this observation. Policy makers must be aware that informal child care arrangements have both advantages and disadvantages for users and providers (Divine-Hawkins, Hostetler, Eichler, Emlen, Gallagher-Ross, Glossop, Johnson, Sale, Stevens).

This discussion focuses on the three groups directly involved with informal child care arrangements - children, parents, and caregivers. Unlike most other marketplace services, informal child care currently operates outside direct public-sector control. While policy makers and legislators debate the issue, parents are left with the responsibility of providing affordable and beneficial care for their children; caregivers must provide a service subsidized by poor wages and working conditions; and children are subject to care determined by their parents' ability to assess limited options, their caregivers personal motivations, and their community's sense of responsible action. By acknowledging both the strengths and the weaknesses, the benefits can be enhanced and the problems alleviated.

4.1 Advantages and Disadvantages for Children

One of the primary advantages noted by proponents is the familiar 'home-like' setting where care may be similar to that given in the child's own home, and where the child experiences affection, caring, sharing, learning, and the daily activities of home, all of which provide a positive and secure base for future interactions. On the other hand, care which is not an exact replica of the home can engender flexibility by exposing the child to different rules, standards and family lifestyles.

With a higher adult/child ratio comes the possibility of more individualized attention and affection. Several authors have noted that a close match between the values, language, and lifestyles of users and providers can have a positive effect for all, particularly for the child. The development of strong bonds between provider and child can also give a child a sense of belonging and security in this "second home", an added advantage when parents must use care for emergencies or unexpected outings. The intimate, less structured environment of home day care can mean less upheaval for the child. In addition, there may be fewer risks of desease and infection. For children who have siblings, the fact that home day care may accommodate several ages is often another source of security.

Informal child care has a number of disadvantages. Some research suggests that this type of care does not always offer the stability and security commonly associated with it. On the contrary, children may face several caregiver changes in their early years or months in care. In addition, because many of these arrangements do not accommodate siblings of all ages, a series of placements may be necessary. One aspect of unsupervised home care is the potential abuse of recommended adult/child ratios. Unhealthy, unsafe or abusive care may occur and go undetected.

Several authors suggest that a child's physical and mental development may be slowed or even reversed in informal situations where caregivers lack special training to recognize developmental problems. Most of the home day care situations studied provided fewer opportunities for outside activities - feild trips, museum visits, park visits - offering more television as an alternative. Care may be basic custodial care, lacking enrichment and variety. Caregivers may not have skills essential for fostering optimal development of their charges, and may be inexperienced in planning activities which maximize children's involvement and learning. While there is potential for caregivers to spend more time with the child, they may actually spend more time on housework.

4.2 Advantages and Disadvantages for Parents.

For parents, the major advantage may be availability, particularly in rural or sparsely populated areas where day care resources are scarce. Even when licenced spaces are available, the cost of informal day care is often less than that of licenced care. Some caregivers provide a flexible sliding scale based on the number and age of the children, and the family's financial means.

Child care arrangements which are close to the user's home mean less travelling and reduced strain during regular use and emergencies, especially if siblings can be placed in care together rather than in age-divided groups. Neighbourhood care can maintain community ties.

Parents can "enrich their own home by replicating the child-rearing practices and developmental environment that they find in the family day care home." Informal child care can meet needs during the regular work week, irregular part-time or shift work, night work, holidays, shopping, weekends, evenings out, emergencies.

On the negative side, parents may have to deal with caregivers who disapprove of working mothers, resent their low salary and lack of flexibility, and who, may be unreliable. Numerous short-term arrangements may be necessary. For middle-income families, finding a caregiver in the neighbourhood may be difficult.

4.3 Advantages and Disadvantages for Caregivers

Advantages for caregivers include opportunity to enjoy and develop relationships with children. In addition, the informal market provides the opportunity for personal income for women with few marketplace skills or for women with marketable skills who seek a different lifestyle.

The disadvantages for providers are numerous. To stressful conditions and no scheduled lunch or coffee breaks are added household chores which must be performed at night. Their own children may resent sharing their mother, their house, and their toys. Informal caregivers are usually isolated, with limited opportunity for sustained adult interaction. They have no job security, since the child may be withdrawn at any time.

Their wages may be below the minimum. If the caregiver is ill or faces a family emergency, the expectation is that she will not only lose a day's pay, but that she will either find a substitute, or face the displeasure of working parents forced to make emergency arrangements. Other benefits are lacking: paid vacations, shared-cost health plans, workers' compensation for work-induced injury or illness, compensation for wear and tear on the house, pensions, and control over working hours when parents come and go at irregular intervals.

Because of the low status assigned to home day care, it is not considered by society to be real work, nor is it seen as a stepping stone to other work options. Although the job involves varied experience with budgeting, meal planning, financial accounting, first aid, recreational organizing, it is not recognized in the child care job market, where the competition is with personnel with certificates and specialized training. These conflicting perceptions may affect the caregiver's perception of her role, and also the quality of care which she provides.

4.4 Summary

There are many advantages and an equal, if not greater, number of disadvantages to informal care arrangements. These need to be assessed fully when deciding on the future direction for this most prevalent form of care.

5.0 ALLEVIATING THE PROBLEMS AND ENHANCING THE BENEFITS

Informal child care is used by the majority of parents seeking alternative care for their children. For users and providers, it has many advantages and many disadvantages. In its current state, informal care is virtually invisible, a state which many argue has enhanced it, and which others argue has created serious shortcomings. This section looks at mechanisms which will make informal child care more visible, at the same time reducing the problems and enhancing the positive aspects.

5.1 Community-based Programs

The development of a community/neighbourhood-based program which incorporates child care in family homes as part of a larger system is a prime alternative in many studies. Some suggest a satellite model where family home child care is part of a system including centre day care and other related facilities, such as toy lending and drop-in centres. In this system, family day care emanates from the hub of neighbourhood group day care. The community school is seen by some advocates as the ideal hub, incorporating elementary education, community centre programs, and child care (Gallagher-Ross, Ontario Status of Women Council).

Within this system, caregivers in homes would have employee status with benefits, adequate compensation and on-going professional training, possibly provided by group day care workers with early childhood education. Interaction with the group day care setting would alleviate isolation for home caregivers and teach them new skills. Parents and children would be exposed to different activities and the availability of both kinds of care. Children could visit the child care centre for special events, and to participate in planned outings. If the elementary school and community centre are linked, additional benefits would be varied age groups of children and potential availability of senior citizen volunteers. The ideal structure would allow shared worker/parent control of care situations, and greater participation in decision-making.

Bronfenbrenner, noting problems inherent in earlier child care programs, suggested the kind of refocusing needed: "In the past, such programs were primarily child centered, age-segregated, time-bound, self-centred, and focused on the trained professional as the powerful direct agent of intervention with the child" (1975). Such programs now need to be family-centred rather than child-centred, in order to move beyond a single setting, provide continuity, and utilize the child's own social group - parents, relatives, neighbours, school personnel, and others who are part of the enduring environment - as the primary agents of socialization.

In this reorientation, strategies to increase opportunities and social rewards for parents in relation to their child-rearing functions need to be developed. Bronfenbrenner's suggestions include:

- extending the number and status of part-time jobs for disadvantaged parents of young children;
- establishing more flexible work schedules;
- introducing parent-apprentice programs in the schools where older children can care for younger children, with supervision;
- reinforcing patterns of mutual assistance among disadvantaged families in the same neighbourhood;
- providing homemaker services, both to relieve parents in need, and to provide teaching models;
- using television as an adjunct to parent-child intervention;
- creating family neighbourhood centres where parents and caregivers can meet to share ideas, hear seminars, and see demonstrations.

5.2 Information Referral and Resource Centres

Accompanying this model of community-based child care would be an information and referral system providing accurate and up-to-date information on caregivers' availability, services, and strengths. In addition to referral, it could coordinate a wide variety of services in support of parents and caregivers including:

- information displays, hand-outs, and video tapes on child development, child abuse, nutrition, health, home safety, toy selection;
- an informal drop-in centre for people of all ages;
- visits to homes for parents needing assistance;
- a toy and equipment exchange;
- a library with books for children to enjoy and for parents to find information on child care and parenting issues;
- day care service for caregivers who are ill or have an emergency;
- recreation programs for different age groups;
- mobile lending facilities (toys, educational material);
- regular or occasional workshops on parenting, nutrition, health, and safety; and
- public education campaigns conveyed through local media (talk shows, panels, on-site features), dealing with parenting techniques, enriched child care, and operation of family day care.

These community-based information referral and resource centres would benefit both parents and caregivers. The most obvious advantage for parents is increased consumer knowledge of resources. For caregivers, collective strength could have far reaching benefits (Kamerman, 1983; Sale, 1973).

The service could help parents to find caregivers, and facilitate a good match between parent and caregiver. It could be geared to the needs of a variety of parents - unwed, separated/divorced, teenage or older parents. It could increase parents' ability to assess qualities of caregivers and care environments, thereby reducing anxiety. It could discourage socio-economic segregation and categorization. It could serve as a source of local data for community planning, and for correcting imbalance in child care supply and demand. It could enable parents to procure the full spectrum of human services to meet their diverse needs, and to achieve a better quality of life (Suransky, 1982).

For caregivers, these referral/resource systems could promote and assist with the building of self-help organizations such as WATCH (Women Attentive to Children's Happiness). As found by Sale in her studies, "by making an invisible group of women who informally care for children visible to themselves and their community, it becomes possible to deal with issues relevant to developmental care" (Sale, 1971). With professional support building leadership, caregivers can organize to improve their image in the community, and to exchange pratical solutions to common problems. The group would thus develop a sense of accountability for the care it provides.

It is important that these information/resource centres be open to a range of clients: those in trouble, those seeking reassurance, those feeling isolated or unsure about their parenting or caregiving abilities, those needing to connect with a more formal system, and those wishing to share their success as caregivers. Cultural traditions and differing social backgrounds must be accepted as integral to such a service. The service must be seen by the community as open to disadvantaged or minority groups, as non-judgemental and non-threatening, and as heterogeneous in composition. Lieberman acknowledges this, stating that: "paying middle-class professionals to help the poor might then perpetuate the myth of incompetence and justify a continued failure to act to change objective conditions. Paying the poor directly in a context that allows them to help themselves might be a first step toward acknowledging their human dignity and giving them a chance for self-reliance" (Lieberman, p. 449).

With the creation of community resource centres for families, human service workers would need to move from traditional interventionist roles to preventive community consultation roles. By identifying central figures in the community, by encouraging them to expand their sphere of influence within existing social networks, and by training them to enhance their problem-solving techniques, services which meet the needs of parents and caregivers in a community can be established. According to Emlen, the key is to strengthen the natural helping networks in the community with staff/ community workers to facilitate the supportive networks (p. 292).

Information centres do currently exist in urban areas across the country and more are needed particularly in rural areas. The Parent Preschool Resource Centre of the National Capital Region is one example. Described as "more than a library, an information service, a play centre or a classroom", and as "an investment in families", "offers to parents, children and preschool teachers many of the supports that earlier generations had within an extended family or closely-knit community" (Pat Bell, p. 4). The Centre provides books and toys to be borrowed or used on the premises; offers scheduled workshops and informal drop-in facilities; disseminates information in a newsletter and on local cablevision; and makes its space and its equipment (projector, duplicating machine) available to preschool groups.

5.3 Government Assistance with the Costs

Government assistance to the informal child care market could take many forms, directed either at users or providers. These might include revisions of tax laws, direct subsidies to parents, and extension of standard employment benefits to caregivers. The need for more low cost child care spaces is abundantly evident; how to finance, and who to finance are the subject of debate.

For all parents, the child care expense deduction is unrealistic and unfair. As Abella points out, "while other employers can deduct the full wages of employees, parents employing child care providers cannot" (p. 191). For those using informal child care arrangements, the inability to obtain receipts for child care expenses is common. Caregivers working within the lowest range of incomes, usually below the minimum wage, are reluctant to have their spouses lose the benefit of claiming them as a dependent.

Many parents who bring or maintain a caregiver in their home are unaware of the regulations about employer/employee relations. The obligation to pay unemployment insurance and pension benefits is often not carried out through lack of knowledge. In these instances, information disseminated regularly through family allowance cheque inserts would reach the required audience. In the meantime, caregivers are left without the benefits. Eichler discusses these issues in her study on Canadian families, pointing out that, as long as they continue, informal child care is an activity which hovers at the dividing line between the formal and the informal economy (pp. 140-143.).

Related to this issue is the support needed for family day care workers, who must be encouraged to organize and demand better wages, working conditions, and tax breaks from federal and provincial governments. As Abella notes: "The inability to deduct the full cost of child care annually operates as a disincentive to paying child care workers and housekeepers what they deserve. This victimizes yet another class of women" (p. 191). It is to their advantage to encourage development of programs around small neighbourhood centres.

Subsidies for parents using informal child care arrangements could take several forms. The overall criteria put forth by advocates require that a subsidy scheme be equitable, flexible, consumer-oriented, and neutral with regard to the type of care. A consumer- controlled voucher system which would consider both income and the age structure of the receiving family is favoured by some economic analysts (Hill, p. 543). This program aims to cut administrative costs and to give parents access to the program of their choice, ideally one which is "prescreened to assure at least a minimum level of quality" (Kamerman, 1983, p. 135). Most important is the need to dispel the view that family day care is a cheap alternative to group care, and that quality control is unnecessary.

5.4 Training for Caregivers

A number of the studies report mixed feelings about the usefulness of training for home caregivers, some asserting that the experience of raising one's own children is an adequate teacher. Others suggest that training could supplement the caregiver's experience by teaching nutrition, first aid, educational games and discipline techniques. The objective is for caregivers to offer greater expertise in teaching skills such as language development, structured fine-motor and gross-motor activities, and use of music and dance as stimulants.

A 1975 study of day care workers in the Borough of North York, Ontario, which gathered information pertinent to the planning of mental health training programs, is useful for this discussion (Shell and James, 1977). Two groups of workers were questioned: centre day care workers and home day care workers. The majority of both groups of workers saw the children's emotional and behavioural problems as a product of the child's home environment, but neither group referred parents or children to mental health professionals.

While the two groups expressed similar concerns for the mental health of children in their care, they differed sharply in their receptivity to training. Unlike centre workers, home workers were not open to training (22% were not interested in any input), most had received no formal training, and did not attend workshops or lectures. However, a majority did indicate that they would accept training through books and pamphlets.

The authors conclude that "the first step in working with home day care workers is to encourage the awareness that there are some skills to learn or improve on in working with children" and suggest pamphlets as a non-threatening means to offer information on play and exploratory activities, as well as discipline.

The key feature of these studies is that training need not be formalized, that much of it can be incidental while effective. Wandersman observed that the 'average' caregiver style was one facilitating free-play activities initiated by children, directing basic care activities and responding with information" (p. 87). For these caregivers who teach children in a flexible and informal manner, perhaps the best way to reach them is through similarly informal means, using existing community networks.

Ideal training programs are concerned less with the 'credentials on paper' than with meeting the needs of the particular community, with its cultural and racial backgrounds. There are many factors to be considered: rural/urban differences, inner-city/suburban differences, caregivers of varying age, gender, and race, and special needs of disabled children. From the caregivers' view point, training is one route to greater recognition; improved pay may be an incentive.

5.5 Regulations

Many American studies carried out in the early 1970s were not supportive of licensed regulation of home-based care. They argued that agency staff could easily be diverted into trying to protect all children, and could be sidetracked from regulating serious abuses; that licensing could not assure quality in private homes; and that regulation undermines the parent's sense of responsibility that comes from exercising freedom of choice (Emlen, Sale).

Kamerman points out that "federal standards for child-care services in the United States were eliminated when Congress passed the Reagan administration's social-services block-grant legislation, and now it is up to the states to set such standards and enforce them" (1983, p. 135). For informal day care, many jurisdictions are hoping to increase supply and accessibility by "shifting from largely unenforced licensing provisions to less onerous registration (self-listing and self-assessment of quality by the provider)."

In Canada, the issue is complicated by jurisdictional divisions, and the development of national guidelines is fraught with difficulties. However, the need for national standards for the informal child care industry, one of the few small industries in the country without such standards, seems evident. The first involvement of the federal government in legislation related to child care was during the Second World War when women were needed in wartime industry. At the present time, when women are increasingly participating in the labour force, and when their needs and abilities are evident, the development of national standards and guidelines to cover all facets of care is overdue. In the report of the Commission on Equality, Abella recommends a National Child Care Act developed in consultation with the provinces, territories, and child-oriented consumer and education groups (Abella, p. 187).

For those who see licensing or any form of regulation as an intrusion in the private family sphere, Eichler notes an increasing trend toward de-privatization of the family, and relates this to an opening up process for participants in child care, in which the child from one family is exposed on a regular basis to the rules and standards of another family, with an effect on parents, children and caregivers. Public child care, like public custody arrangements, opens up parenting practices to public scrutiny and likewise lends itself to public consideration of the skills, choices and efforts of parents (p. 262).

5.6 Summary

The literature on informal child care contains many proposals for the kind of support systems, mainly community-based, needed to enhance this type of care. Much of the emphasis is on informal and flexible supports which would facilitate the role of both parents and caregivers. When determining formal mechanisms to ensure the best care for children in the system, recommendations focus primarily on licensing, training and funding. Most studies advocate the retention of informal child care as a complement and a supplement to institutional group care. The need is for more, not fewer, choices for children, parents, and caregivers.

CONCLUSION

The preceding sections highlight several aspects of the informal child care market. First, this is the most important type of care used across the country and, as such, has tremendous implications for social policy makers and legislators. Second, although it is the most prevalent form of care in Canada, information about it is limited. While several studies have explored various aspects, no comprehensive analysis of the quality of the care, of rural/urban differences, or broader regional differences has been attempted. Third, although informal child care is an unlicensed business affecting more than 80% of children, the marketplace aspects of this child care business, good and bad, have been consistently ignored by Canadians in general, and by legislators in particular.

As this report points out, there are advantages and disadvantages for all parties involved in informal care. Mechanisms to alleviate the problems or enhance the benefits must examine the issues thoroughly, and proceed with care in order to ensure that the good is not lost when the bad is eliminated. There are many arguments to be made for greater federal involvement in financing and in regulation, but any intervention should ensure that the community base of child care is strengthened.

Many of the problems associated with informal child care can be alleviated by increasing the visibility and the accountability of these private arrangements. More information is needed on the costs, the caregivers, and urban/rural differences. Parents and caregivers alike need assistance to make informed judgements about the quality of care environments, and about a range of factors affecting their lives and the children who rely on them. In general, informal child care is needed and desirable as a complement and a supplement to institutional group care. Parents, children and caregivers need more, not fewer, choices.

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THE EFFECTS OF DAY CARE ON CHILDREN, FAMILIES AND COMMUNITIES: A REVIEW OF THE RESEARCH FINDINGS

Prepared by Steen B. Esbensen, Ed.D.
Université du Québec à Hull

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EXECUTIVE SUMMARY

This report provides a review of the major research findings on the effects of day care on the development of children, families and communities. In general terms, it has been found that day care and other good early childhood experiences contribute to the social, intellectual and motivational development of children. The research further finds that there are no apparent deleterious effects to the emotional development of the child and that, quite to the contrary, there are indications that child-parental attachment and emotional buoyancy in experiences with other people are enhanced by good day care experiences.

The physical health and well-being of young children does not appear to be affected negatively when they are enrolled in high-quality programs where sound hygienic standards are practiced. However, some studies have expressed concern over the frequency and spread of infectious diseases in day care centres.

For children over two years of age, the findings are supportive of the positive effects of good-quality day care experiences. Unlike previous reviews of the literature on this topic, it is the conclusion of this author that the research findings are generalizable for the field of early childhood education and that good day care has positive effects on the development of children, the well-being of the family and the short- and long-term quality of life in the community.

1.0 PROCEDURES AND TERMS OF REFERENCE

The present study undertook a systematic review of the literature using several data banks and abstracting services. An ERIC search, a review of dissertation abstracts, as well as a review of the microfiche documents of the American Psychological Association, the National Association for the Education of Young Children, Child Development Abstracts, the American Medical Association, Harvard Educational Review, High/Scope Educational Research Foundation and the World Organization of Preschool Education, and OECD Education Research Reports partially represent the sources searched to obtain published research reports on the subject.

2.0 PROBLEM STATEMENT

Since 1950, multiple choices in life style, relationships, sex roles, leisure, patterns of working life and child-rearing practices have changed the Canadian family. This change is the result of the constantly evolving nature of our society, and the pressures of individuals and groups striving for social egalitarianism.

The changing family places demands on society for new forms of child care. How is the development of the child affected by alternative child rearing/caring experiences? What does the research literature tell us about the impact of day care on preschool children and their families? How explicitly can this information guide social policy considerations for children, and family policy in Canada? These questions are explored in this report, which includes a historical overview of the field and a review of major research findings published in Canada, the United States and selected European countries.

3.0 HISTORICAL DEVELOPMENTS

The following section elaborates upon conditions which have historically affected the out-of-home care of young children. Included in this discussion is a description of the growth of programs for young children, the variety of services offered, the role of this development as part of a national policy on child care, and a commentary on the research perspective taken in recent years.

Few early childhood education programs throughout the world exist in the context of a comprehensive child and family policy. Historical research on child care options in changing socio-cultural conditions is limited and reveals a general support of a traditional North American male-dominated family structure. Alternative out-of-home care generally has been a parental responsibility (Biber 1971, DeMause 1974, G. Fein and Clarke-Stewart 1973, Wagner and Wagner 1976). Researchers have analyzed and discussed the implications of government legislation and found that, in general, legislation concerning young children represents a patchwork attitude, geared primarily towards intervention policies which single out poor, abandoned or handicapped children.

Recent analysis of government funding of early education and day care reveals that policy is still regressive and restrictive (Children's Defense Fund). Current policies are based on crisis intervention rather than on a comprehensive preventive service model (Esbensen 1983). Research conducted by Abelson 1974, Beller 1974, Keyserling 1972, Bronfenbrenner 1974, and Stanley 1972, substantiates the notion that early intervention is instrumental in improving opportunities for children to develop into effective and happy persons.

Furthermore, longitudinal studies on the effect of early childhood education experiences have indicated permanent and long-lasting benefits to individuals and society (Berrueto-Clement et al. 1984, Zazzo 1984). Studies designed twenty years ago to follow children from disadvantaged families have demonstrated the positive impact of quality preschool experience on the lives of individuals. Furthermore, studies conducted in France on a cross section of the social strata, have indicated essentially positive effects of early childhood experiences on the later developmental competence of children. (Zazzo 1984).

In recent years, growth in the field of early childhood education has been dramatic but intermittent. Early concerns for the child were linked to asylums, day institutions, and shelters established in Europe and North America in the mid-19th century. In the late-19th century, health practitioners took a more active interest in the development of healthy environments for young children (Read 1979), facilitating the development of a medical model of custodial child care during the early 20th century. The emergence of new schools, Froebellian kindergartens, Montessori nursery schools and laboratory nursery training schools and university campuses in this century, reflected a shift in focus from physical well-being to the application of early-learning theories.

Philosophical and psychological interests of various scholars generated differences of opinion on the subject of how young children learn. However, the field did not really come into its own in North America until the systematic introduction of kindergartens in the early 1960s. Some provinces and states provided nursery schools and kindergartens as early as 1903. However, the mass thrust for the provision of a socially acceptable system of kindergarten did not come before the 1960s anywhere in North America.

Governments provided a massive system of child care during the Second World War, when women entered the work force. Children were quickly grouped into work-based day care facilities providing nurturing and custodial care. However, mass care of young children was abandoned as quickly as it was established. Research and training facilities at universities and colleges in North America and Europe, nevertheless continued to gather data and establish new centres for early-childhood teacher education. Research focused on general and specific aspects of human and child development.

University-based research of the maturational school of development, exemplified in the work of Gessell, Ilg, Bates Ames, Goodenough-Pitcher, Hymes, Almy, Read, Cohen and Stern and others, has signficantly contributed to general knowledge and concern for the development of early educational experiences for young children. Research conducted by the behaviorists furthered the understanding of human dynamics and interactions of peer groups in care. Skinner, Sears, Hull, Hebb, Pavlov, Freud and Erikson further advanced the research and practice in teaching of young children.

Contributions by McVicker Hunt, Deutch, Wallon, Guillaume, Piaget, Weikart, and Zazzo were also applied to the teaching of young children. The developmental phase of early childhood education combined theoretical research with experimental and applied studies in child development.

In the 1950s, the question of whether young children belong in school or at home was volatile (Biber 1971). Today, policy analysts, psychologists, labour economists and parents debate the kind of early experience most advantageous for the development of young children and their families. Increased social commitment to the early educational experiences of young children generated new areas of specialization and research which spanned several disciplines.

During the 1960s, programs to improve educational opportunities for poor or disadvantaged children in the United States led to a flurry of research on this group. The Head Start movement grew, and public kindergartens became more prevalent across North America. Research focused on the child's behaviour in these settings.

4.0 RESEARCH FINDINGS

This section of the report summarizes and highlights the major research findings on the advantages of group centres and family day care (regulated and unregulated) on the social, emotional and cognitive development of infants and children of age 2-6, including the normal, the disadvantaged, the gifted or accelerated child. While many studies deal with the whole child in the synopsis of their findings, the following discussion attempts to separate findings into the specific categories used by psychologists to assess child development.

4.1 Emotional Development

The concerns of many regarding the question of child rearing and child care policy have focused on the emotional well-being of the child. The attachment theory, and research on the natural attachment of children to a primary care giver, traditionally the mother, was used to argue for a national policy that was based on the assumption that mothers stayed at home. The attachment literature originated in the Spitz studies on Rhesus monkeys. A further look at the relationship between quality of nurturing and attachment was undertaken by Hamburg and McVicker Hunt. The Goodall studies on primates in the natural environment identified attachment behaviors in chimpanzees, and generated substantial interest in the similarities between human and primate behavior and development (Hamburg 1984). McVicker Hunt observed severe levels of detachment and "failure to thrive" behavior in young, institutionalized children during his field work in North Africa. These studies, along with the earlier work of Bowlby (1951), generated strong interest in "the affectional tie that a child forms with another individual" (Bowlby 1969).

In the early 1970s, Kagan, White and others voiced strong negative attitudes towards day care. At this point, few studies focusing on day care had been completed. However, Blehar (1974) reported that "day care may adversely affect the child's relationship with his mother". Refuting this theory were studies by Moskowitz, Schwarz and Corsini (1977) which found that children reared at home for the most part are more distressed upon separation from the mother than are those receiving significant amounts of care in day care centres. Moreover, the two groups were indistinguishable in behavior displayed toward the mother prior to and after separation. Thus, the concern for whether the child was adapting well to changes in his environment was one of the key elements in determining emotionally stable behavior. Concern for the healthy attachment of the child, further exemplified in the Ainsworth and Bell studies, questions the assumption that attachment of a child to a caregiver is as strong as that between the infant and mother. The nature and degree of attachment between infants and primary caregivers in day care had not been sufficiently investigated.

A 1970 study by Caldwell, Wright, Honig and Tannenbaum focused on variables of the mother-child attachment such as affiliation, nurturing, absence of hostility, permissiveness, dependency, happiness and emotionality. In assessing infants in day care and home-reared children, they found no significant differences. These researchers concluded, as early as 1970, that full-time care does not necessarily prevent children from developing normal and secure attachments with their mothers.

Studies which attempted to measure emotional comfort, separation anxiety and attachment, found that infants exhibited less distress when left by their mothers with a familiar caregiver than when left with a stranger. When left by the caregiver with a stranger, these same infants exhibited reactions similar to, though not as strong as, the reactions exhibited when left by their mothers with a stranger. These infants were comforted by the caregiver's approach after having been left by their mothers with a stranger (Ricciuti 1974).

Kagan et al. (1977) were obliged to conclude that separation anxiety may be more a function of maturational processes than experiential processes and therefore possibly inappropriate for studying the effects of day care on attachment relationships. Nonetheless, there may be key stages of development when placement in an infant day care centre is more or less timely. In Denmark and Sweden, employment policies and benefit packages enabling parents to care for their children at home for nine months with 90% pay, support this theory (Esbensen 1983). While no significant differences between the two rearing environments were found with respect to mother-infant attachment by Brookhart and Hock (1976), Doyle (1975), Portnoy and Simmons (1978), the research findings are considered by Belsky and Steinberg (1978) to be contradictory.

The stable emotional development of infants is tied to the quality of the environment in which they are reared (Cummings 1980). Thus, while research substantially confirms that infant day care, or day care experience in general, has no negative effects on the emotional development of the child, there are still sufficient data to suggest that some forms of care may be more advantageous for the optimum development of the child (Ruopp, Travers, Glantz, and Coelen 1979). Findings of the National Day Care Study strongly suggest that care of children in small groups enhances the day care environment for both children and caregivers. Interestingly, these findings have focused concerns about quality on group size, rather than caregiver-child ratio which, in the past, was used as a determinant of quality child care. The Scandinavian child care system has standardized a group size for infants and young children. Group sizes are limited to 12 children for 3-6 year olds, and nine children for infant-toddlers. Rutter (1981), Zigler (1982), and Esbensen (1983) indicate that good-quality day care does not disrupt the child's emotional bonds with parents. Children continue to prefer their parents over alternate caregivers, and usually acquire more adaptive social skills when reared in day care settings (Zazzo 1984).

4.2 Social Development

The social development of young children appears to be influenced by environmental experiences provided for them. Zazzo has indicated that children with a preschool (maternelle) experience do tend to adjust better to peer group settings in the primary school than do children without preschool experiences. Other studies on the effects of group experiences on the social development of the child confirm that positive effects may be attributed to the part-time or full-time social experiences of children during their early years (Rubenstein and Howes 1979). While early childhood experiences have been found to facilitate adaptation to other social experiences and later school success, it is primarily the children from lower socio-economic or culturally neglected families who benefit (Watkins 1982). Children from privileged families are already well on the way, and early childhood experience of either part- time or full-time care serves only to multiply the factors which contribute to their later success in school (Zazzo 1984). Furthermore, the longer the child has participated in group early childhood experience, the better he/she appears to perform on psycho-social and academic measures of performance. European studies on home rearing and group child care experiences further suggest that children reared at home demonstrate a relatively higher level of tension, and are emotionally more intense and agitated. More significantly, greater passivity and less autonomous behavior are noted among home-reared children in the school setting (Zazzo 1984).

Interestingly, studies conducted in North America tend to phrase the findings much more cautiously than European studies. During the mid- to late-seventies, researchers began to phrase the findings more affirmatively, and state that there are strong indications from the research that day care, to some extent, influences children's social behavior (Rutter 1982). The extent to which children become more engaged in their interaction with peers and less dependent upon adults may be perceived by some as a deleterious effect. However Zazzo (1984), Moore (1975), Prescott (1973), and Rubenstein and Howes (1979) suggest that this represents more mature forms of social behavior. Longitudinal studies on the effects of preschool experience on the lives of youths through age 19 further indicate that the adaptation to life in society by individuals who attended preschool is much more effective. Permanent long-lasting effects on the social behavior of individuals appear to be attributable to their preschool experience. This is the case for children from disadvantaged homes, as well as those from privileged families. The only difference suggested by the observations and analysis of the data, is that the preschool experience becomes less significant in its contribution when the children come from advantaged families (Berrueto-Clement et al. 1984, Zazzo 1984).

Is it possible that family day care experience is more, or less, beneficial than group care experience? The studies reviewed in this report tend to be less clear in a qualitative way about one form of care versus another. Prescott (1973) did note that several results appeared to favour family day care homes over group day care centres. Particular aspects of programming and interaction with adults are favourable in family day care homes as reported by Innes, Woodman, Banspach, Thompson and Inwald (1982). The family day care home provides a smaller group size and may provide a higher ratio of adults to children than in group centres. Golden, Rosenbluth, Grossi, Poliocare, Freeman and Brownlee (1978) found family day care homes to be superior environments in terms of social interaction, individual attention, and positive social-emotional stimulation.

The higher rate of interaction between caregiver and child in the family day care home may be attributed, in part, to developmental needs of younger children. Infants and toddlers in day care homes experience a higher frequency of cognitive, verbal, exploratory and play interaction (Cochran 1977). The quality of interaction between adult and child appears higher during structured periods in the family day care home.

While these studies tend to support family day care homes for younger children, there are no indications that the day care home environment for four-year-old children is as beneficial (Innes, Bonspac, and Woodman 1982). As the young child grows and develops, social interaction needs also evolve. The older preschooler will thus benefit from an increase in opportunities to interact, play and communicate with peers and other children. The Wandersman report of 1981 indicated that family day care homes with relatively higher numbers of children facilited more peer interaction, more active participation by children, and less negative social-emotional experience. These general results apply to programs which have established a reputation for quality care. The results may not be generalizable for unlicensed or unsupervised home day care arrangements. Carew (1979) has indicated that toddlers in smaller unlicensed homes spend less time interacting, and appear more unhappy than children under three years of age cared for in agency-sponsored family day care homes. Furthermore, children older than three in unlicensed homes displayed more anti-social behavior than children of the same age in licensed and sponsored homes. Johnson (1981) states that placement of 85% of Canadian preschoolers in unlicensed homes is cause for concern. The supervised family day care model can, however, provide a flexible form of care in which the individual needs of younger children and the personal strengths of caregivers can be matched with the needs of the family (Wandersman 1981).

Although some studies have found no differences between peer relationships of day care and non-day care children, the majority of the findings report that children with a day care experience demonstrate a higher degree of interaction and peer orientation (Belsky and Steinberg 1978). Thus, while it is possible to summarize the findings of major research projects on the effects of early childhood experiences on the social development of the child as essentially positive for several variables, it is not possible to state that this is applicable to all forms of child care. The quality of the child care environment has an effect on the development of language and social behavior of children. Studies of unlicensed family day care homes substantiate this, as does the work of McCartney, Scarr, Phillips, Grajek, and Schwarz (1982). A child's development of social skills is related to the quality of early childhood experience, be it day care, family day care, nursery school, kindergarten or other preschool experience.

Recently reported research on the social, intellectual and language development of children indicates that children who enter good-quality child care facilities with small group size and good adult-child interaction, do consistently perform better on social adaptation, intellectual and language measures (Schweinhart et al. 1980, Berrueto-Clement et al. 1984). If these findings continue to be substantiated, future studies on the emotional and social development of young children may focus more on the question of the quality of the experience, than on where it occurs, or who provides it.

4.3 Intellectual-Cognitive Development

This section deals with the complex area of intellectual development and the effect of early childhood experiences, such as day care, on the child's level of performance. The intellectual and cognitive development of children has normally been associated with performance on standardized tests of language, memory, concentration, symbolic, pictorial, creative and general school performance. The intial effort of the Head Start movement to contribute to the equalization of opportunities for young disadvantaged children in the United States was intially based on standardized IQ tests.

The need to document the effects of early intervention on IQ scores is rooted in the works of Hebb (1949) and Hunt (1961). Further support for the notion that early experiences can enchance the intellectual development of the child was provided by Weikart, Kamii, and Radin (1964) in well-designed studies of the effects of preschool intervention on IQ scores. The initial dramatic results of scores which reflected gains of up to 15 or more IQ points after a few months of intervention sparked widespread interest in the question of environmental influences on intellectual development.

Initial reports of the cognitive gains made by children in some well-designed experimental programs were questioned in the mid-1970s. The Westinghouse report, along with analysis by Bronfenbrenner (1974) and Ryan (1974), began to raise serious questions as to whether the IQ gains were more than the normal gains one could expect from a child entering a more structured curriculum such as that provided by kindergartens. In virtually all cases in the experimental projects, the gains were not distinguishable after three years in the public school system. Thus, the IQ-maturational-experiential debate continued, and many studies began to look at other measurable gains. One landmark study on the longitudinal effects of preschool on the lives of disadvantaged children reports that early intervention for this group has changed the lives of the experimental groups. Reports from other sources about school performance of day care children indicate that this group has a school failure-rate that is half the rate recorded for home-reared children (Zazzo 1984). In the High Scope study of 19 year-olds, 67% of the people who attended preschool had graduated from high school, whereas only 49% of the people who did not attend preschool had graduated from high school. Intellectual gains measured by IQ test scores are perhaps not the only way to measure the effects of early education programs on the lives of disadvantaged young children. If, as the trends indicate, early childhood education experiences of a high quality, sustained over the primary school years, do not have a direct effect of measurable intelligence, then how does the child care experience affect the cognitive development of children?

This question posed, it is perhaps appropriate to state that there are measures of school performance, needs for special education classes and remedial education, which should be looked at to assess the effect of early childhood education on the cognitive development of children. The effects of such variables on the cognitive and intellectual functioning of the disadvantaged child are substantially reported in the mongraph Changed Lives (Berrueto-Clement et al. 1984).

Studies indicate that good-quality child care does not appear to have adverse or beneficial effects on the intellectual and cognitive development or functioning of middle-class children. Doyle (1975), Fowler (1972), Kohen-Raz (1968), Macrea and Hebert-Jackson (1975), Kagan et al. (1976), Fowler and Kahn (1974), and Belsky and Steinberg (1978) further support the above position that day care experience has neither deleterious nor beneficial effects on intellectual development as measured by standardized intelligence tests. It is quite conceivable that researchers may have been asking the right questions, but looking at the wrong measures of cognitive functioning. Factors other than day care, preschool or group experiences may have greater influences on the intellectual functioning of children. This constatation should in no way detract from the recognition that there are many other measurable gains for children who have high-quality early childhood experiences. Golden et al. (1978) confirm that, for economically disadvantaged children, day care may have an enduring positive effect, since it appears that good day care experiences may reduce the incidence of declines in test scores common to disadvantaged high-risk children.

Research does not indicate long-term gains in intellectual performance for children from advantaged families. Performance tests showed that, despite exposure to high-quality cognitively enriched programs, advantaged children do not exhibit long-term gains (Belsky and Steinberg 1978). However, as indicated earlier, high-quality cognitively oriented day care programs have often been instrumental in preventing a decline in intellectual performance frequently seen in home-reared children from lower-class families, and families at risk (Caldwell et al. 1970, Ramey and Campbell 1977, Ramey and Mills 1977, Ramey and Smith 1977). Indications from community-based research on the effects of day care centres in high-risk areas are positive, as there is evidence that such programs benefit infants from high-risk populations (Golden et al. 1978).

It is generally recognized by the research community that early childhood experiences in day care centres or preschool programs directly influence long-term gains in intellectual abilities, as measured by standardized tests (Berrueto-Clement et al. 1984, Belsky and Steingberg 1978). Moreover, it is possible to support the statement that an enriching day care experience may negate some of the adverse effects typically associated with high-risk family environments (Ramey and Smith 1976, Belsky and Steinberg 1978). These findings generally rely on the more standardized test measures and do not include the findings associated with other performance measures. Macrae and Hebert-Jackson (1975) found that higher levels of problem solving, abstraction abilities and playfulness are associated with early entry into day care.

The Perry Preschool Study reports, in its results to age 19, that preschool education has lasting beneficial effects in improving cognitive performance during early childhood. This finding is consistent with other studies on the effects of day care on cognitive development in early childhood. The Perry Project further found lasting benefits in improving scholastic placement and achievement during the school years. Furthermore, the study found among the group participating in preschool, remarkable decreases in delinquency and crime, less use of welfare assistance, a lower incidence of teenage pregnancy, an increase in high school graduation rates, and increased enrollment in post-secondary programs and employment. "For those who attended preschool, the rate of teenage pregnancy (including live births) and the percentage of years spent in special education classes slightly exceeded half of what they were for those who did not attend preschool" (Berrueto-Clement et al. 1984, p. 7).

It is at this point in our development as a knowledgeable research community in the field of early childhood education, that we begin to recognize that quality early childhood experiences can have measurable consequences on the lives of individuals. Initial gains in IQ points during the preschool years are not the only significant developmental factor affected by the preschool experience. Scholastic performance in school, perseverance in life-long learning, reduced needs for special education classes, and delinquent behavior are all measures which researchers need to address. Current studies by Berrueto-Clement et al. (1984), Zazzo (1984), Nafstad (1976), Holtan-Hartwig and Tommerbakke (1983), and Pence (1984) have helped to focus analysis of research findings on the effects of early childhood education on the development of children and their families.

4.4 Health and Physical Development

The following discussion concerns the matter of physical well-being and health-related issues of children enrolled in day care centres, based on major reports and studies.

Strangert (1976) reported that in Sweden, day care children under two years of age were more often ill with respiratory and febrile illnesses than home-reared children, but not more than children in family day care. A study conducted in Canada suggests that there is a potential health hazard to children enrolled in infant group care (Doyle 1975). However, the study found that, although there was a greater incidence of illness in group day care, these illnesses were mild, and no children required hospitalization. The report suggested that the illnesses reported were low enough in frequency and severity to continue to let children under three to be cared for in groups. The incidences of mild illness, diarrheal disease and colds are more common among very young children of less than two years (Ekanem et al. 1983, Sullivan et al. 1984, Storch et al. 1979). Other studies of home-reared children, and illness when entering kindergarten, suggest that exposure to groups of children increases the chance of mild illnesses. The data suggests that, while day care has deleterious effects on the physical health of children, these effects are so mild as to not warrant an overt response (Doyle 1975). More recently, a longitudinal study of diarrheal diseases in day care centres was conducted in Houston. The report presented by Sullivan et al. (1984) concludes that the socio-economic burden associated with disease in day care centres is considerable and needs further research.

While mild illness does pose economic and physical problems for teachers, parents and children, the loss of a work day or the absence from the centre may, in fact, be tolerable as long as consumers of child care, the public and the medical profession can be assured that proper hygienic procedures, sufficient space and appropriate group sizes are offered in the child care environment (Loda et al. 1972). Studies suggest that teachers and workers in day care centres should receive more training in proper hygienic techniques when preparing foods, washing dishes, cleaning and toilet training young children.

Proper ventilation, program management and use of indoor and outdoor experiences for children contribute to a healthy environment in group day care. However, outdoor play carries attendant risks, and safety on playgrounds, in child care centres and schoolyards has become an important issue in recent years. In the United States, there are approximately 93 000 reported injuries a year associated with public playground equipment. According to the rating system used by Aronson in 1983, climbing equipment is more than twice as hazardous as slides. Other reports indicate that as many as 72 per cent of all reported injuries are associated with falls on the playground. Since an increasing number of day care centres are using public playgrounds, playground safety is an issue that must be addressed by the day care community.

The medical profession has, since 1970, intensified its concern for research into the spread of infectious diseases in day care centres and has helped major professional associations to promote health education and sanitary procedures for teachers working with young children. The National Association for the Education of Young Children has also begun to campaign for safety considerations in the design and maintenance of outdoor play facilities. Research into the physical health and development of young children has now begun to show an impact on professionals working in the field. Further work is being conducted by the American Academy of Pediatrics to provide educational materials to early childhood educators.

4.5 Family and Community Effects

This section of the report deals with the effects of alternate/supplementary child care on the family, and parental participation in the work force. It has been stated elsewhere in this report that the child appears to benefit from the early childhood day care experience. However, parents have a variety of concerns, perceptions and needs which may or may not be taken into account when their child is in day care. Children who attend day care are often thought to be out of the home because their parents work. However, children attend early childhood education programs for a variety of reasons.

In the case of the working family, the effects of maternal employment on the cognitive development of the child are mediated by a variety of factors, such as social class, sex of the child and the mother's attitude to employment. As previously suggested, maternal employment has a positive effect on the development of the cognitive skills of young children in low-income families. The mother who works and feels positive towards both her work and the care arrangement for her child or children demonstrates more positive attitudes to life. This model reinforces positive models provided in good day care experience, and thus serves to enhance the intelligence and cognitive performance of the child (Rubenstein et al. 1981).

It is always good to be cautious in generalizing findings from studies which involve relatively good quality day care and preschool experiences. Nonetheless, evidence from numerous studies suggests that young children from low-income families may indeed benefit from maternal employment. Their mothers also benefit from participation in the work force if their position and child care arrangements are satisfactory. Unfortunately, this is often not the case. Finding appropriate and reliable day care for young children in Canada is very difficult for the majority of young families.

The Status of Day Care statistics for 1984 confirm that maternal employment is increasing rapidly and creating further demands for quality day care for children under three years of age. Parents experience frustration with informal child care arrangements, waiting lists and constant changes in child care providers. This pressure on parents in Canada has a detrimental effect on the quality of their lives, their work and to some degree, on their children. If good day care services were available to these families, the benefits to their children could enhance employment satisfaction and productivity, and reduce absenteeism from work.

Good day care has been found to have a positive effect on the attitude of employees to work and family life. Recent interviews with seventy-two parents in Québec suggested that the difficulty in locating good alternate or supplementary care for their young children can pose serious problems for the family, in terms of concentration on the job, attendance, and worker motivation (D. Lero 1985). The costs to the employer are significant when employees are preoccupied with questions of child care.

In cases where children are in day care while their parents are looking for work, day care is indispensible. The parent who is unemployed needs time to locate potential sources of employment, and to meet counsellors and potential employers. Day care decreases stress on the family and enhances the possibilities of renewed parental employment (Esbensen 1983).

In low-income neighbourhoods and mixed-income communities in Sweden, the day care system serves to decrease social isolation and segregation which all too often occurs in urban and suburban communities. The day care centre becomes a meeting place for single parents and non-working parents. It thus serves to generate social contacts and further informal support systems in the community. Such relationships further ease the burden of parents who need sporadic babysitting arrangements for their children. Studies conducted by Ake Daun (1980) and collegues in Sweden further suggest that extended social networks help to alleviate depression and other problems associated with living in new communities where friendships and family ties are rare. Well-planned, good day care services can have very beneficial effects on parental attitudes, as well as on the quality of life in the community.

5.0 RESEARCH ACTIVITIES IN CANADA

The scarcity of Canadian references cited in this report is a reflection of the paucity of published Canadian research reports on this topic. However, research activities in the area of child development, early childhood special education, early childhood second language acquisition, learning styles and curriculum design have been strong aspects of research carried out by Canadian scholars during the last decade. Their work has been disseminated at national Learned Society Conferences, at international conferences in the United States and Europe, and in international journals. However, what is clearly evident from this systematic review of the literature is the paucity of published research reports on the effects of day care on Canadian children and their families. In 1980, the Canadian Society for the Study of Education established a special interest group in Early Childhood Education within the Canadian Association for Teacher Education. Since then, researchers active in the field have submitted their research reports for presentation at the annual conference of the CSSE/SCEE. At these conferences, research projects on early childhood education have consistently numbered between twenty-five and thirty reports per year.

In September of 1983, Ellen M. Regan, from the Ontario Institute of Studies in Education and Andrew Biemiller, from the University of Toronto organized an invitational conference at OISE to review current research activities and the interest of participants in collaborative research on a national longitudinal study of early childhood education. The proceedings of the conference are available from the organizers, including an appendix which identifies the current research interests of the twenty-one participating scholars.

One group of researchers recently obtained funds from Health and Welfare to pursue their interest in creating a nation-wide consortium of researchers focusing primarily on day care research. This group, and other researchers, have been active in many of the studies commissioned by the Task Force on Child Care.

In many cases, researchers undertake projects in collaboration with social service agencies, school boards, and provincial ministries responsible for day care. Many others continue to work with graduate students on small research grants from their own department or university to achieve their objectives. Until recently, it was difficult for scholars in this field to achieve any measure of success in obtaining research grants from the established federal agencies. However, the problems encountered by the research community were made clear to the funding agencies, and changes have been made which now appear to facilitate peer evaluation of research proposals.

APPENDIX A

PSYCHOLOGICAL - EMOTIONAL EFFECTS

Arend, R., Gover, F.L., and Sroufe, Alan L. "Continuity of Individual Adaptation from Infancy to Kindergarten: A predictive study of ego-resiliency and curiosity in preschoolers." Child Development, 1979, 50, pp. 950-959.

> In a longitudinal study of 48 white middle-class children, individual differences in security of attachment at 18 months and effective autonomous functioning at two years were related to the dimensions of ego-control and ego-resiliency at four to five years of age. The kindergarten or nursery school teachers of 26 children completed California Child Q.-sorts. The children were also given a short form of the Block's laboratory battery (Banta's curiosity box, level of aspiration, motor impulse control, delay of gratification, the Shure and Spivack Preschool Interpersonal Problem-solving Test, and the Lowenfeld mosaics). Following these measures, composited ego-resiliency and ego-control scores were derived from each data set. Children earlier classified as securely attached were, as predicted, significantly higher on ego-resiliency on both laboratory and Q-sort composties. They were also higher than anxiously attached infants on three independent measures of curiosity. An independently composited index of competence from two year tool-using measures also correlated significantly with later resiliency, as did measures of mothers support and quality of assistance over a two year period.

Blanchard, M., and Main, M. "Avoidance of the Attachment Figure and Social-Emotional Adjustment in Day Care Infants." Developmental Psychology, Vol. 15 No. 4, 1979, pp. 145-446.

> Observed 21 infants between one and two years of age during reunions with their parents in two settings: a daycare center and a laboratory situation. Avoidance of the attachment figure in the two settings was strongly correlated, and social-emotional adjustment in the daycare center was negatively related to avoidance. Children who had spent a longer period in substitute care had lower scores for avoidance and higher scores for social-emotional adjustment.

Bradley, R. "Socialization Within Day Care: A Brief Review". Infant Mental Health Journal, 1982, Vol. 3 No. 3, pp. 156-161.

> Studies examining the effects of day care are reviewed. Little is found indicating a negative impact on child development. A number of weaknesses in the day care literature are pointed out, including problems of ecological validity and failure to examine for differential effect. Suggestions for future research are made, among them a "natural history" of day care and studies of children who have experienced trauma.

Cummings, Mark E. "Caregiver Stability and Day Care". Development Psychology, Vol. 16 No. 1, 1980, pp. 31-37.

> Responses to stable and non-stable caregivers were examined in laboratory and day-care environments. The environmental context was clearly critical to whether children evidenced a preference between caregivers. Children revealed a preference for stable, over non-stable caregivers only in the day care setting. In the laboratory, many children either did not approach caregivers or approached them only as a last resort. In the laboratory, children preferred to spend time in proximity to the mother and were often upset when left with caregivers. At the day care center, however, most children did not become distressed or attempt to follow the mother when left with caregivers. The need for research on factors that may influence day care quality is dicussed.

Choquet, M. D. and Davidson, F. "Le mode de garde et le développement physique et psycho-affectif du jeune enfant." Enfance, 1982, nov.-déc. no. 5, pp. 323-334.

> Conducted a three-year study of 415 preschoolers between 1974 and 1977. Data were collected on family background SES. Day care and physiological and psychological development of each subject. The influence of the day care situation and SES on the emotional development of each subject was examined.

Doyle, Anna Beth, and Somers, Karen. "The Effects of group and family day care on infant attachment behaviours." Canadian Journal of Behavioural Science, 1978 (Jan.), Vol. 10 (1), pp. 38-45.

> Examined attachment behavior towards mother in 39 toddlers (mean age 22 months) from three different child care environments: a group day care center, family day care homes and home with mother. Frequency of attachment behavior and security of attachment were assessed in laboratory separation episodes. The two substitute care groups behaved similarly; when left alone, both played significantly more and cried less than did the home-reared group. No intellectual differences were found. Findings are interpreted as showing that children in group and family day care do not necessarily differ from home-reared children. Day care children find brief maternal separations less novel and anxiety-provoking than do home-reared children.

Falender, C.A, and Mehrabian, A. "The effects of day care on young children: An environmental psychology approach." Journal of Psychology, 1979 (Mar) Vol. 101 (2), pp. 241-255.

> Presents a framework for characterizing the emotional impact of day care environments and for predicting the consequent effects on emotional reactions to day care and to separation, extent of active involvement in day care, and long-term effects of day care on cognitive and intellectual development. The physical and social environments of day care are characterized in terms of their emotional impact, with the use of three orthogonal dimensions: pleasure-displeasure; arousal-non-arousal and dominance-submissiveness. Approach toward, or preference for, any setting is then predicted in terms of beneficial or detrimental effects simply by considering children's preference levels.

Farran, D.C., and Ramey, C. "Infant day care and attachment behaviours toward mothers and teachers." Child Development, 1977, 48, pp. 1112-1116.

> The growing trend toward placing infants in group day care at very early ages may have serious effects on mother-child bonding. Twenty-three black infant day care-reared 9-31 month olds were observed in a situation designed to heighten attachment behaviours. Their mothers and an infant-day care teacher were present. Children overwhelmingly preferred to be near, and to interact with, their mothers than with their teachers, indicating that the attachment bond to the mother had indeed been formed. Moreover, when faced with a mildly difficult problem, they perceived their mothers as the help-giver.

Francis, P.L., and Self, P. "Imitative responsiveness of young children in day-care and home settings: The importance of the child-to-caregiver ratio." Child Study Journal, 1982, Vol. 12 (2), pp. 119-126.

> Forty-five two-year-olds were presented by an experimenter with four linguistic and four gestural stimuli. The child-to-caregiver ratio for the day care sample was 10:1. For the homecare sample, this ratio averaged 2:1. Analysis of subjects' imitative behaviors revealed that setting had a significant effect on these behaviors, with homecare subjects exhibiting more imitation, both linguistic and gestural, than the day care subjects. Results are compared with recent imitation research, which suggests that imitation development is enhanced through one-to-one interaction with caregivers.

Golden, Mark. "Assessment of Children's Psychological Development and Data Analytic Framework in New York City Infant Day Care Study". 24 Nov., 1974, (ED107362), 11p.

> This report briefly describes the procedures for assessing children's psychological development and the data analytic framework used in the New York City Infant Day Care Study. This study is a five-year, longitudinal investigation in which infants in group and family day care programs and infants reared at home are compared. Children in the study are assessed on various aspects of psychological development (cognitive, language, social, personality, and emotional), at 6, 12, 18, and 36 months of age. The first psychological evaluation of the children serves as a baseline measure of their psychological functioning. Subsequent assessments consider outcome measures reflecting the program's effects. The sequence and nature of tests and interviews used in this aspect of the study are reported and related to the other areas of the study. The report concludes with a discussion of the rationale and design of the data analytic framework used in comparing initial and demographic characteristics of children and families in group and family day care; infant day care environments; developmental outcomes.

Harper, C.L. "New evidence on impact of day care centers on children's social-psychological development." Child Welfare, 1978 (Sept./Oct.), Vol. 57(8), pp. 527-531.

> Administered The Behavior Disorder Checklist and a self-concept scale to 286 day care children to assess the effects of day care on subjects' social adjustment and self-concept. Data indicate that day care centers provide resources and experiences that enhance the social development of the child independent of their socio-economic status or the structural complexity of the family. The data also suggest that previous studies show no positive relationship between day care participation and the social-psychological development of the child, because of failure of other studies to control such variables. Data also suggest that enhanced social and psychological development is compatible with a somewhat weakened sense of identification with family figures.

Kagan, Jerome, et al. "The effects of Infant Day Care on Psychological Development." Evaluation Quarterly, 1977, Vol. 1. No. 1, pp. 109-142.

> This is a partial report of a longitudinal investigation designed to assess the psychological effects of an experimentally conducted day care program on children during the first 30 months of life. The experimental subjects were Chinese and Caucasian children from working and middle class families who were cared for at a special group care center five days a week from 3 1/2 to 30 months of age. The major control group consisted of children reared totally at home but matched with the experimental children on ethnicity, social class and sex. The children were assessed at 3 1/2, 5 1/2, 7 1/2, 9 1/2, 11 1/2, 13 1/2, 20 and 29 months, although this paper deals only with some of the data gathered during the assessments at 20 and 29 months. The three assessments during the second year evaluated patterns of play with objects, social behavior with peers, attachment behavior to the mother and surrogate caretaker, as well as cognitive competences. The data revealed little difference between the day care and home control children with respect to cognitive functioning, language, attachment, separation protest, and tempo of play. The only simple effects of form of rearing involved behavior with unfamiliar peers. The day care children were less vigilant and less inhibited in the presence of unfamiliar children than were those reared at home. It was concluded that the home environment influenced children's early development more than experiences in the day care context.

Portnoy, F.C., and Simmons, C.H. "Day Care and Attachment." Child Development, 1978, 49, pp. 239-242.

> The attachment behavior of 35 white middle-class 41-45 month old children from two-parent families, who had different rearing histories, were observed through a series of standardized episodes involving separations and reunions with the mother and a stranger. Children from group one had been cared for continuously at home by their mothers. Children in group two had been cared for at home by their mothers until age three, at which time they were enrolled in a group day care center. Group three was enrolled in family day care at two years of age, and entered a group day care setting approximately two years later. No significant differences in attachment patterns were found for children with different rearing histories, or as a function of the interaction between rearing history and sex. Some significant, though inconclusive, sex differences were found, suggesting the need for further research on the appropriateness of the strange situation for this age group and the effect of day care experiences on attachment behaviour in low-income and single-parent families.

Ragozin, Arlene. "Attachment behavior of day care children: Naturalistic and laboratory observations." Child Development , 1980 (Jan.), Vol. 51 (2), pp. 409-415.

> Examined relationship between day care and attachment a) by testing hypothesized normal patterns of attachment naturalistically in day care centers and b) by comparing day care and home reared children in a laboratory setting. Naturalistic observations were conducted on 20 middle class day care children 17-38 mo of age. Fourteen of the day care Subject's were compared with 14 matched home-reared children in a strange situation procedure. Naturalistic data confirmed hypothesized patterns of attachment behavior. Preference for mother over familiar caregivers was demonstrated both in a comparison constructed to bias results against mother and in a less stringent test. Expected heightening of attachment behaviors following all-day separations and predicted age trends also were found. In the strange situation, there were very few rearing group differences in children's behavior to mother. The day care group, however, interacted less with the stranger. Complementary findings from naturalistic and laboratory situations indicate that day care is compatible with normal patterns of attachment behavior.

Rubenstein, J.L., Pedersen, F.A., and Yarrow, L.J. "What happens when mother is away: A comparison of mothers and substitute caregivers." Developmental Psychology, 1977, Vol. 13, No. 5, pp. 529-530.

> Compared maternal and substitute care in 2 groups of 5-6 month old infants. Significant differences favoring maternal care were found in expression of positive affect, social play, social mediation of inanimate stimulation. Duration of regular contact between the infant and substitute caregiver was positively related to the substitute's caregiving behavior. Mother-reared infants engaged in significantly more focused exploration at home but were comparable to the substitute-care group on 16 other measures of infant functioning.

Vaughn, Brian E., Gove, Frederick L., and Egeland, Byron. "The relationship between out-of-home care and the quality of infant-mother attachment in an economically disadvantaged population." Child Development, 1980, 51, pp. 1203-1214.

> The effects of routine daily separations occassioned by out-of-home care on the formation and maintenance of infant-mother attachment relationships were examined in a population of economically disadvantaged mothers.
> To assess the effects of the onset of mothers' inaccessibility to their infants, infant-mother pairs were observed in the Ainsworth Strange situation at both 12 and 18 months and were classified as secure, anxious-avoidant or anxious-resistant. Children of mothers who had returned to work/-school before their child was 12-months-old were more frequently classified as anxious-avoidant.
> The two other groups did not differ significantly in the proportions of infants assigned to the three attachment classifications. The data presented in this study suggest that instability of alternative care giving may also be implicated in infant-mother attachment problems.

APPENDIX B

SOCIAL EFFECTS

Brookhart, J., and Hock, E. "The effects of experimental context and experiential background on infants' behavior toward their mothers and a stranger." Child Development, 1976, 47, pp. 333-340.

> Social behaviours of 33 10-and-12-month-old infants were studied, using a structured observational technique, as a function of experimental context (home and laboratory) and experiential history (home rearing and day care). In the home, all infants exhibited more proximity - avoiding behaviour of both the mother and a stranger; in the laboratory, children exhibited more contact maintaining and proximity - seeking of the stranger. The experimental context influenced children's social behaviours, particularly behaviours interpreted as reflecting on infant's growing sense of independence. No differences attributable to rearing condition as a main effect were found; however, a significant rearing group by sex of infant interaction led to consideration of differential sensitivity of the sexes to rearing conditions.

Clarke-Stewart, Alison K. "Observation and experiment: Complementary Strategies for Studying day care and social development." Advances in Early Education and Day care, 1982, Vol. 2, pp. 227-250.

> Studied 150 two-and-three-year-olds in various situations: only children, those with siblings cared for at home, those with a regular babysitter in the home, those going to another home for any care, those attending a group day care, those in a nursery school program part-time and those attending such a program full-time, were observed repeatedly over one year, with respect to tasks between mother and subject, playmate and subject, and stranger and subject: social behavior in controlled settings and social capacities (cognition, visual perspective and social empathy). For subjects in day care, differences between dinner time and day time behaviors were large. Subjects in home settings were involved with more verbal interaction, but with a smaller group of people than subjects in group settings. Compliance, prosocial behavior, social competence, social cognition, cooperation with an unfamiliar peer, and attachment were related linearly to the continuity of childcare groups. Each subject's attachment to mother was related to the number of different people with whom that subject interacted during the day.

Finkelstein, N. "Agression: Is it stimulated by day care?" In Young Children 1982, Sept. Vol. 37, pp. 3-9.

For children attending day care, there may be some risks in the domain of social development. These risks are not necessary evils of day care; rather, the risks may be the result of a failure to provide systematic opportunities to encourage the development of prosocial behaviors. The present study describes how a day care program dealt with aggressive peer interactions through social curriculum intervention. The production of a comprehensive curriculum approach involving environmental rearrangement, staff development and curriculum activities for children successfully enhanced the social skills of the children attending the center. The essential element of the approach was that is was formal and systematic. Socialization no longer was a haphazard process of randomly praising appropriate and punishing inappropriate behaviors. Findings indicate that the curriculum has been effective in reducing aggressive behavior among the children.

Finkelstein, N., Dent, C., et al. "Social Behavior of Infants and Toddlers in a Day Care Environment." Developmental Psychology, 1978 (May), Vol. 14 (3), pp. 257-272.

Twenty-seven infants and toddlers were observed in a day care setting, each for a maximum of 50 minutes, to investigate the relation of the children's social experience to changes in social behavior as a function of age. Standardized tests of developmental status (e.g. Bayley Scales of Infant Development and Stanford-Binet Intelligence Scale) were administered at intervals. Results show that, with age, the frequency of teacher - child interaction decreased and peer interaction increased. The increase in peer interaction appeared to be related to the toddlers greater capacity for reciprocating social behaviors and increased use of vocal behavior in interactions.

Grotberg, Edith H., and Brown, Bernard. Research on Child Care. Matrix 1982 (June), No. 36, 79 p.

Findings of current research on children in day care and theory-based early intervention programs are summarized in the two sections of this report. Section 1 provides findings on children's development, different kinds of day care, and children's socialization. Findings related to Piagetian, Montessori, and other intervention program models, as well as results of program evaluations, are given in Section 2. The pages of the summary are organized in columns: the first column lists the findings, the second lists bibliographic information, and the third provides interpretation of the findings.

Holmberg, Margaret C. "The development of social interchange patterns from 12 to 42 months." Child Development, 1980 (June), Vol. 51 (2), pp. 448-456.

> Examined the dyadic controls of the social inter-change patterns of 112 42-month-olds with their different social partners. Seventy-two subjects were observed in their day care centers in a cross-sectional design. The social interaction behaviors with familiar teachers and peers were written on the spot and simultaneously videotaped to make dyadic analyses. Measures identified the individual's initial social acts as well as the dyad's pattern of interchange. A consistent level of both initiations and subsequent reciprocal interchanges in the adult-child dyad was maintained across the 30 month age span observed. In contrast with peers, the frequency of both the initial positive acts and the elaborated interchange patterns increased with age. The absolute frequency of assertive initiations with peers changed very little, but the frequency of assertive acts relative to positive acts decreased. Findings are discussed with respect to a) the flexibility and range of responses available to teachers to pace their interactions so that social competencies of even the youngest children were facilitated and b) the changing capabilities of children that permitted their interchanges with each other to reflect the reciprocal characteristics of the adult - child dyad by 42 months.

Innes, Robert. "A comparison of the ecologies of day care centers and group day care homes for four-year-olds." Early Child Development and Care, 1982, Vol. 3, pp. 125-142.

> Caregiver-child interaction and social participation were compared in community-based day care centers and group day care homes. Group day care homes spent more time in structured activity and had more large group contact than centers. Children in centers spent more time in transition and solitary play. There were several differences between centers and day homes within behavior settings. During structured periods, adult-child interaction and social participation was of higher quality in day care homes. The adult-child interaction in both types of child care tended to be neutral in affective tone.

Moran, James D. "Influence of structured group experience on moral judgments of preschoolers." Psychological Reports, 1983 (Apr.), Vol. 52 (2), pp. 587-593.

Tested the thesis that age mate contact is associated with advanced moral development in young children. Moral judgment stories were read to 20 preschoolers who attended day care or nursery school and to 15 preschoolers who stayed at home. Subjects rated story characters as to goodness or badness. The group care subject's focused more on intention in contexts involving injury to another person but tended to be more consequence - based in contexts involving personal property damage than were the subjects at home. Data support Piaget's conception that social interaction influences the processes of moral development. It is particularly apparent that the social milieu of the day care center or nursery school affects notions of personal injury and personal proprety in young children.

Rubenstein, Judith L., and Howes, C. "Caregiving and infant behavior in day care and in homes." Developmental Psychology, 1979 (Jan.), Vol. 15(1), pp. 1-24.

Social interaction and play behavior compared between day care and home, in two matched groups of 18 months. More adult-infant play, tactile contact and reciprocol smiling were found in day care. More infant verbal response to mother talking, more infant crying and more maternal restrictiveness found in home. Development level of play with toys higher in day care. No adverse effects of daily mother/infant separation were noted in the daily social and play behavior of day care group. Peers seem to contribute to a higher level of play. Peers also seem to facilitate separation from adult care giver.

Rubenstein, J., and Howes, C. "The effects of peers on toddler interaction with mother and toys." Child Development, 1976, 47, pp. 597-605.

Eight 14 month old toddlers were observed during free play at home, with and without a familiar toddler playmate. With the peer present, there was significantly more high-level play with toys and less low-level play with toys than with the peer absent. No significant differences were found in total time or involvement playing with objects, or in mother-toddler play involving objects. During the peer's visit, the toddlers played with, imitated, and offered objects to the peer significantly more often than they engaged in similar interactions with their mothers. Less verbal interaction with mother occured during the peer's presence than during the peer's absence; in contrast, frequencies of mother-toddler non-care-giving touching were similar. Findings suggest the importance of the peer as a social object in the second year of life. Peers enhance toddler's competence with their own toys. Moreover, the selective effect on verbal vs. tactile interaction with mother suggests some differentiation of social from emotional aspects of the mother-toddler relationship at this age.

Rutter, Michael. "Social Emotional consequences of day care for preschool children." American Journal of Orthopsychiatry, 1981 (Jan.) Vol., 51(1), pp. 4-28.

> Reviews research evidence on the social and emotional sequelas of day care. Although day care for very young children is not likely to result in serious emotional disturbance, it would be misleading to conclude that it is without risks or effects. Much depends on the quality of the care and on the age, characteristics and family circumstances of the child. Areas in need of study are identified, and some speculative policy implications are offered.

Tzelepis, Angela, Giblin, Paul, and Agronow, Samuel. "Effects of adult caregiver's behaviors on the activities social interactions and investments of nascent preschool day care group." Journal of Applied Developmental Psychology, 1983 (April-June), Vol. 4(2), pp. 201-216.

> Examined changes in activities, social interactions and degrees of initiative and investment in 16 preschool children (aged 38-60 months) during the first and fourth weeks of shared day care experience at one of two centers. Univariable ANOVAS of subject's behaviors revealed significant time center and center-by-time differences. Between weeks one and four, subjects displayed an increase in simultaneous involvement with peers, adults, and activities; an increase in the number of contacts with peers and adults; a decrease in time spent in transition between activities; and an increase in investment. The number of peer contacts decreased from weeks one to four in the center with fewer adult-initiated contacts, and increased in the high adult-contact center. Descriptions of affiliated networks and a sequential analysis of state transitions further illustrate the effects of adult behavior on peer contacts and activity selections. Implications for day care procedures and policies are discussed.

Watkins, Harriet, and Bradbard, Marilyn. "The social development of young children in day care: What practitioners should know". Child Care Quarterly, 1982 (Fall) Vol. 11 (3), pp. 169-187.

> Reviews the literature and examines the effects of day care on four areas of early childhood socialization a) mother-child attachment b) curiosity and play behavior c) peer relationships and influences and d) sex-typing and sex-roles development. Findings indicate that participation in day care does not necessarily thwart the healthy socialization of children. On the contrary most of the studies have indicated that day care seems to facilitate the competent construction of a child's social world. Whatever the effects on children, there is little doubt that day care is having and will continue to have a pervasive impact on the American way of life. It is concluded that childcare alternatives must be expanded and diversified so that the broad range of child/family needs characteristic of our heterogeneous society can be met. Suggestions are made to practitioners of ways in which the day care experience could be used to foster children's social development.

APPENDIX C

COGNITIVE EFFECTS

Goodman, Norman, and Andrews, Joseph. "Cognitive development of children in family and group day care." American Journal of Orthopsychiatry, 1981 (Apr.), Vol. 51 (2), pp. 271-284.

> Examined the effects of three different educational programs (high, medium and low structure) and two types of delivery systems (teacher only and teacher plus day care mother) on the cognitive performance (determined by the Peabody Picture Vocabularly Test, the Preschool Inventory, and the Basic Concepts Inventory) of 52 2 1/2-4 year old preschool children in family day care. Family day care Subjects showed greater and more consistent enhancement of cognitive functioning than did a comparison group of 68 children in professionally-run group day care centers that did not include this educational component.

Mc Cartney, Kathleen. "Effect of quality of day care environment on children's language development." Developmental Psychology , 1984 (Mar.), Vol. 20 (2), pp. 244-260.

> Tested the hypothesis that the amount of verbal interaction with caregivers would be a salient index of day care center quality, in that it would be a particularly important determinant of children's language skill. One hundred and sixty-six, 36-68 month old children and their parents from nine day care centers participated in this study. Quality of the day care environment as assessed by observation and items from the Day Care Environment Inventory, was predictive of all four measures of intellectual and language development, which included the PPVT and Preschool Language Assessment Instrument, after controlling for family background and current center care experience. The importance of verbal interaction with caregivers was also demonstrated. Subject's from centers with high levels of caregiver speech performed better on tests of language development than subject's from centers with a high level of peer speech. The predictive power of other environmental variables was also investigated.

Rohe, William, and Nuffer, Ellen. The Effects of Density and Partitioning on Children's Behavior, 1977 (Aug.), (ED 144721), 9 p.

> This study attempted to: 1) replicate the density effects found in a previous study; and 2) test the hypothesis that partitioning mediates the effects of high density on children's behavior. Twelve children (five female, seven male, ranging in age from 40 to 68 months) were observed under each of four conditions that crossed high and low density with partitioning and no partitioning. These factors were crossed with sex in a 2 x 2 x 2 factorial design. A rating instrument was used to record social interaction, the individual's relationship with the environment, and affect. Results indicate that the higher level of density decreased associative and cooperative behavior. Partitioning was shown to mediate the relationship between density and constructive behavior, while independent effects on aggressive and cooperative behavior were also found. Implications of the results for child development are discussed.

Rubenstein, Judith L., Howes, Carollee, and Boyle, Patricia. "A two year follow-up of infants in community based day care." Journal of Child Psychology and Psychiatry and Allied Disciplines , 1981 (Jul.), Vol. 22 (3), pp. 209-218.

> Assessed matched groups of 10 day care and 13 home-reared children at 3 1/2 years of age, for aspects of emotional and language development. Measures were obtained through formal language tests (Peabody Picture Vocabulary Test) and via maternal interviews. The two groups were comparable in their greeting behavior upon reunion with their mothers after an hour's separation, in the degree of anxiety manifested during testing, and in the overall level of behavior problems, suggesting that attendance in infant day care did not adversely affect overall emotional or language development.

APPENDIX D

PHYSICAL-HEALTH EFFECTS

Doyle, A.B. "Incidence of Illness in Early Group and Family Day Care." Pediatrics, 1976, Vol. 58 No. 4, pp. 607-613.

> The frequency of reported illness in children enrolled in a day care center was compared to frequency in home-reared children and in children in family day care homes. Children ranged from 6 to 42 months of age (mean of 21 months). Data on seven categories of illness were collected by bimonthly telephone interviews with parents during two consecutive winters. In the first year of the study, gastrointestinal and total illnesses were reported significantly more frequently in children enrolled in the day care center, though major illnesses were not. In the second year of the study, illnesses were significantly more frequently reported in center children though mainly at the younger ages, that is, prior to two years of age. The mean numbers of illnesses and symptoms reported per call over the two years of the study were 2.56, 1.36 and 1.35 for center, home-reared and family-day-care children respectively. Though it has been shown elswhere that psychological health may be unaffected by early group care, the present findings imply that physical health may be somewhat reduced. It is unknown whether these children will be more resistant to infection at a later age.

Ekanem E.E., DuPont, H.L., Pickering, L.K., Selwyn, B.J., and Hawkins, C.M. "Transmission dynamics of enteric bacteria in day care centers." American Journal of Epidemiology, 1983, Vol. 118, No. 4, pp. 562-72.

> The role of fomites in the transmission of diarrhea in day care centers was evaluated. During a nine-month period (December 1980 - August 1981), inanimate objects and hands of children and staff in five Houston day care centers, were cultured monthly and again during outbreaks of diarrhea. Air was sampled from the classrooms and bathrooms using a single-stage sieve sampler. When a diarrhea outbreak occured, stool specimens were collected from ill and well children and from staff in the affected rooms. Multiple pathogens accounted for 3 of 11 outbreaks. The rates of isolation of fecal coliforms from hands and classroom objects on routine sampling were 17% (22/131) and 13% (8/64), respectively. During outbreaks of diarrhea, fecal coliforms were recovered with signficantly greater frequency from hands (32%; p 0.005) and from classroom objects (36%; p 0.005). There was no difference in the level of fecal contamination in the toilet areas during outbreak and non-outbreak periods. Shigella was not isolated in the study; salmonella was isolated on one occasion from a table during an outbreak of salmonellosis. Contamination of hands, communal toys and other classroom objects appeared to play a role in the transmission of enteropathogens in day care center diarrhea outbreaks and helped to explain the presense of multiple pathogens among those affected.

Gingrich, Gary A., et al. "Serologic Investigation of an Outbreak of Hepatits A in a Rural Day Care Center." American Journal of Public Health, 1983, Vol. 73, pp. 1190-1194.

> Studied an outbreak of hepatits A in a day care center in a rural community where less than seven per cent of the population possessed anti-HAV. Serotesting for IgM specific antibody to hepatitis. A virus identified 78 cases in center attendees, staff and families. Thirty-five per cent of the center children were seropositive. In children under age three, anicteric infection was at least 17 times more frequent than icteric infection, but in older children and adults, icterus was a predominant manifestation of the disease. Clinical suspicion should be high in any day care child with nausea, emesis, diarrhea or arthralgia. The low incidence of icterus in infected children suggested that outbreak reports reaching public health departments are likely to be incomplete and poorly indicative of outbreak magnitude. The high frequency of intrafamilial transmission and anicteric infection appeared to justify administration of immune serum globulin to household contacts of center children under three when a day care outbreak is detected.

Loda, Frank A., Glezen, W. Paul, and Clyde, Wallace A. "Respiratory Disease in Group Day Care." Pediatrics, 49:428, 1972.

> The frequency of occurence and etiology of respiratory disease during a 40-month period in a day care center is reported. The day care center had a maximum enrollment of 39 children ranging in age from one month to five years. Sick children were not excluded from the center. During the period of the study, there was not an excessive amount of respiratory illness in the children in day care when compared with the reported illness occurence in children receiving home care. In the total group there were 8.4 respiratory illnesses per child-year with the highest rate in infants under one year of age.
>
> The agents responsible for the respiratory disease in the day care center were similar to those reported as significant in the community, and the patterns of virus isolation were similar to those in the community in age incidence, seasonal occurence, and illness association. Respiratory syncytial virus and parainfluenza virus type 3 were the agents most often implicated in lower respiratory disease. Adenovirus types 2 and 5 frequently caused febrile upper respiratory illness in infants. The study suggests group day care is safe medically for infants and that exclusion of sick children is unnessary in a day care program with adequate space and staffing.

Logue, Patricia. "Should the physically ill child attend day care?" Child Care Quarterly, 1978 (Fall), Vol 7 (3), pp. 236-241.

- Examines child development hearings, government research and federal projects to determine whether or not the physically ill child should attend day care. Federal and state standards reveal a wide diversity of opinion as well as a lack of analytically useful research. Supporters for inclusion of the physically ill child in day care argue that removing the child from school won't prevent or diminish contagion.

Pickering, Larry K, et al. "Diarrhea caused by Shigella, Rotavirus, and Giardia in Day Care Centers: Prospective study." The Journal of Pediatrics, 1981, Vol. 99, pp. 51-56.

> We conducted a 19-month prospective study of children attending 29 day care centers to determine the occurrence, causes, and transmission of gastroenteritis among children, staff, and family members. Nine centers had 15 outbreaks of diarrhea involving 195 persons. An enteropathogen was identified in all outbreaks. Shigella was detected in five outbreaks, rotavirus in two, giardia in one, and in the remaining seven, multiple enteropathogens were identified. Rotavirus and giardia occurred only in children less than three years of age; shigellosis occurred at all ages. In six centres, 68 single cases of diarrhea were not associated with an outbreak; an enteropathogen was identified in only three (4%) persons. Thirty-four family members (11%) developed diarrhea associated with the occurrence of gastroenteritis in children in six centres evaluated for this problem. Secondary attack rates of diarrhea in families according to organisms identified in the day care centre outbreaks were: shegella 26%, rotavirus 15%, and giardia lamblia 17%. Day care centres may play an important role in the epidemiology and transmission of gastroenteritis in the United States.

Storch, Gregory, et al. "Viral Hepatitis Associated with Day Care Centers." Journal of the American Medical Association, 1979, No 242, pp. 1514-1518.

> From September 1976 through March 1978, investigated 11 outbreaks of non-B viral hepatitis associated with Louisiana day care centers. The outbreaks included 168 cases, most of which were erroneously considered "sporadic" cases of non-B viral hepatitis prior to the investigations. Thirteen percent of all non-B viral hepatitis cases reported in the New Orleans metropolitan area during 1977 were associated with one of the outbreaks. Most of the cases in each outbreak and 85% overall were in older, usually adult, contacts of children attending the day care centers. Within the household, parents appeared to be at greater risk, particularly those who had one to two-year-old children in the day care center. Day care center outbreaks of non-B hepatitis are easily overlooked and may be more widespread than is currently appreciated.

Sullivan, Peggy, et al. "Longitudinal Study of Occurrence of Diarrheal Disease in Day Care Centers." American Journal of Public Health, 1984 (Sept.), Vol. 74 No. 9, pp. 987-991.

> Sixty day care centers randomly selected from 736 licensed child care facilities in Harris County (Houston) Texas were surveyed for the incidence of diarrhea by periodic visits and weekly telephone calls over 2 years. A total of 2,708 episodes of diarrhea were reported in 3,800 children under 6 yrs. old, and 84 cases occurred in center staff. Overall incidence was 0.44 episodes/person/year among children and 0.14 among staff. Attack rates among the 60 centres ranged from none to 3.64 cases/year in each child. The incidence for children under 36 months of age was 17 times higher than for the older group. Characteristics of centre-associated with higher rates of disease among children were the presence of young, non-bowel trained children, staff who both diapered infants and prepared food on a regular basis, for-profit management, and centres whose only guidelines were provided by the State. The socioeconomic burden associated with day care centre disease, its transmission, and control is considerable and needs to be further addressed.

Strangert, Katherine. "Respiratory Illness in Preschool Children with Different Forms of Day Care." Pediatrics, 1976, Vol. 57 No. 191, pp. 191-196.

> The incidence of respiratory tract disease was investigated in three groups of Swedish children: those in 14 day care centers with 18 to 68 children each; those in home care (usually no siblings); and those in family day care homes (average, four children). In family day care homes a mother cared for her own and one to four other children during the day. A preliminary nine-month study of 41 preschool children attending a day care center and 41 comparable children in home care showed that children under two years of age in the center had more days with respiratory symptoms and more febrile illnesses (four per child) than those in home care (one per child). In a subsequent eight-month study of children under two years of age, children in day care centers and home care were compared with children in family day care homes. The 108 children in centers had more febrile illnesses (five per child) than the 57 children in home care (two per child), but the 42 children in family day care homes had as many illnesses as those in day care centers. The data suggests that increasing the number of contacts of an infant in day care beyond four to six children does not increase remarkably the incidence of respiratory tract disease.

Williams, T.M. "Infant Development and Supplemental Care: A Comparative Review of Basic and Applied Research." Human Development, 1977, Vol. 20 No. 1, pp. 1-30.

> Researchers concerned with development in infancy and early childhood have tended to ask basic or applied questions, but not both. The same issues have been salient to people in the basic and applied fields, but because researchers have been working from different perspectives, there has been relatively little cross-fertilization. As a vehicle for facilitating integration, a contrasting analysis of basic and applied research on several problematic issues is provided. Particular attention is paid to research directly or indirectly relevant for child development programs and supplemental child care. Emphasis is given to the integration of findings, the identification of unaddressed questions, and methodological problems.

APPENDIX E

GENERAL EFFECTS

Belsky, J., and Steinberg, L.D. "The Effects of Day Care: A Critical Review." Child Development, 1978, 49, pp. 929-949.

> Argues that although research on day care has increased substantially, actual knowledge of its effects is very limited. Most investigations have been conducted within high-quality centers that are not representative of most substitute care environments. Also, most studies have been limited to the direct effects of the experience on the individual child and have ignored important questions concerning the broader impact of day care on parents, the family, and social institutions. It is concluded that high-quality center-based day care (a) has neither salutory nor deleterious effects upon the intellectual development of the child, (b) is not disruptive of the child's emotional bond with his or her mother, and (c) increases the degree to which the child interacts, both positively and negatively, with peers.

Biemiller, A., et al. Competence Supporting Aspects of Day Care Environments: A preliminary Study. 1976 (June), 26 p.

> This study examined the applicability of Watt's Human Interaction Scale to day care settings, and was also concerned at a more general level with the question of whether it is possible for day care settings to approximate good homes. Six two-year-olds in each of two day care centers were each videotaped for a total of 45 minutes in a variety of behavioral settings. Results indicated that: the scale can be used in group settings with the addition of a distinction between adult/individual interaction and adult/group interaction; interaction involving activities and interaction techniques which Watts found associated with high-competence development occurs most frequently in structured activities and to some extent in free play settings. Also discusses other results involving differences in the two day care centers; the adult/group mode of interaction; behavior setting sampling; adult responsiveness; adult/child ratios; quality versus quantity of interaction; and assessment of the direct impact of day care environments on the development of competence. It is concluded that day care can provide experiences comparable to good homes.

Bradley, R. "Socialization within day care: A brief review". Infant Mental Health Journal, 1982 (Fall), Vol. 3(3), pp. 156-161.

Reviews studies on the effects of day care. A number of weakness in the literature are pointed out, including problems of ecological validity and the failure to examine for differential effects. It is concluded that: (1) The cognitive development of middle-class children does not appear to have been affected by participation in day care (2) There is little evidence that attendance in day care weakens attachment. (3) There is no way to challenge (correct or corroborate) the potential harmful effects of day care on children's social development from existing studies. (4) It is not possible to make valid comparisons between group and day care with respect to the quality of care received or impact on the child from existing studies. (5) There is evidence that group size is significantly related to developmental outcomes for children in day care. Subjects who attended day care in smaller groups performed better on such measures as the Preschool Inventory and the PPVT. (6) Relatively little is known about the week-to-week, day-to-day, moment-to-moment trans-actions and events that occur in day care, especially family care. The few studies that have considered them have had as their primary focus comparison of one form of day care to another or comparing day care to home.

Brock, W. The effects of day care: a review of literature. Research report 1980, (ED 195 348), 57 p.

The purpose of this review is to examine findings concerning the effects of day care on psycho-social and cognitive development. Studies are grouped into two broad categories: (1) the effects of day care on the mother-child relationship; and (2) other psychological outcomes. Only a few studies have found evidence that day care negatively affects the mother-child relationship. Variables such as soioeconomic status, age, sex, length of time in care, and the day care construct have only recently been systematically examined. Studies of these variables that could be considered unfavorable to day care frequently present serious methodological weaknesses. The typical study involves an ex post facto comparison of several matched groups. While these studies shed some light on day care effect, the variables and study context are seldom described in sufficient detail to permit strong inferences from the data. Studies of the cognitive effects of day care constitute a major portion of the day care literature. Little evidence has been presented that day care attendance can have a deleterious effect on children's cognitive functioning. In fact, there is evidence to support the opposite view. Of the few studies of day care effects on the congitive functioning of high risk children, most have demonstrated beneficial results.

Bronfenbrenner U., et al. Day care in Context: An Ecological Perspective on Research and Public Policy. 1977 (June), (ED 157 637), 67 p.

Presents an analysis of day care research and practice in the United States from an ecological perspective, examining the impact of day care on the family and society as well as on the child. Part I contains a summary of major conclusions regarding substantive findings of existing day care research and a statement of policy recommendations in the light of available knowledge. Changes in the structure and position of the American family in recent decades are traced and concomitant changes occurring in the development of children are examined. Existing research on day care is analyzed with two considerations in mind: the strengths and limitations of the scientific findings as indicators of the direct effects of day care on child development, and the significance of the existing research for understanding the broader effects of day care. Part II contains the background data and analysis underlying the conclusions presented in Part I. Specific areas examined include: (1) cognitive development, (2) mother-child relationship, (3) social development, and (4) effects of day care on the family.

Etaugh, C. "Effects of Nonmaternal Care on Children: Research Evidence and Popular Views." American Psychologist, 1980, April, pp. 309-319.

Research on the effects of nonmaternal care on preschool children and writings of childrearing authorities on this topic in the popular press indicate that: (1) high quality nonmaternal care does not appear to have adverse effects on the young child's maternal attachment, intellectual development, or social-emotional behavior; (2) child-care books and magazine articles appearing during the last 20 years have tended to present a more negative view of nonmaternal care; and (3) a shift between the 1960s and 1970s has occurred in the direction of a more favorable attitude toward working mothers and nonmaternal care.

Gunnarsson, L. Children in Day Care and Family Care in Sweden: A follow-up. 1978 (Sept.), (ED 180 665), 180 p.

> Represents the second phase of an ongoing longitudinal study of children in different child-rearing environments in Sweden: children's own homes, "day" homes and day care centers. One hundred and two of the 120 original families participated in the follow-up. The children had reached an age of 5 1/2 years. Four areas investigated were: evolution of home settings over the four-year period of the study, children's interactions with adults and peers in day care centers and homes, the influence of adult-and peer-imposed norms on children, and overall development of the children. Interviews, observations and outcome measures were used. Although the two groups of families who entered the study when their children were one year old were carefully matched for maximum comparability, after four years children in center care were (1) more likely to have only one parent in the home, (2) have no brothers or sisters, (3) live in apartments, and (4) be girls. Peer interaction was more frequently observed than adult interaction in both the homes and the centers. Boys were more peer group-oriented. Differences in overall development were to a large extend sex-related, rather than setting-related. It was concluded that: neither the home nor the day care center was superior or inferior to the other in promoting the overall development of the children. There are substantial differences between boys and girls in social interaction patterns, activities, and cognitive performances. Sex differences are more pronounced than differences found between child care environments.

Harper, C., and Ault, J. Day Care Centers, Family Structure and Socio-Economic Status: A Study in Early Socialization. 1976 (April), (ED 143 429), 44 p.

> Examines the impact of family structure variables, family socioeconomic status, and participation in center-based preschool day care programs on the social-psychological development of children in terms of their affective identification with parents, self-concept development, and a variety of indices of social behavior adjustment. Attention is given to four related topics: (1) the impact of day care centers on the socialization of young children; (2) causal factors in primary socialization; (3) theoretical implications of the symbolic-interactionist orientations (i.e., the relationship between identification with significant others, self concept, and social behavior); and (4) some hypotheses of family sociologists about the relationship between institutional encroachments on family functions and changes in the cohesiveness of the family unit. Data were obtained by structured interviews with a parent and a child from 286 families, half of which had children enrolled in day care centers. Data and conclusions are discussed.

Heinicke, C.M., and Strassmann, L. The effects of day care on preschoolers and the provision of support services for day care families. 1977, (July), (ED 156 348), 42 p.

> Focuses on aspects of the day care experience of the preschooler which might be changed through licensing revisions in an attempt to improve the developmental potential of the child and his or her family. Section I reviews research examining the effects of the typical day care experience on the immediate and long-term development of the preschool child and family. While long-term effects cannot be reliably determined due to a lack of evidence, studies of short-term effects do not exhibit either a positive or a negative effect. Short-term effects are documented through an analysis of developmental variables such as intellectual development, relationship to peers, task orientation, modulation of aggression, and the ability to make the transition from the primary caretaker to new relationships. Section II reviews research pertaining to the influence of parent-child interaction on the child's day care experience, and emphasizes steps which can be taken to promote the quality of that parent-child interaction. Three forms of family intervention are discussed: (a) training to promote mother-child verbal interaction around a cognitively stimulating task, (b) a social work approach to promote the competence of the parent as a parent and as a person, and (c) various parent-education efforts. The social work approach is further examined in the context of day care; and licensing revisions which facilitate the availability of such family services are suggested. Finally, four functions of social workers involved in day care services are outlined.

Heist, M. The effects of Day Care: A Literature Review. 1980 (May), (ED 197 812), 46 p.

> Reviews research reported in the last 10 years on the effects of day care on children and their families. The review is organized around the following areas: attachment and emotional development; psychosocial development; intellectual and cognitive development; health and nutritional effects; the effect of caregiver stability; the effect of day care on later school functioning; and characteristics related to sex-typing. In general, research indicates that high-quality day care appears to have little harmful effect on the attachment relationship between mother and child. Although some studies have found higher scores on positive social skills in home-reared children, most evidence indicates that day care has a positive effect on social development and adjustment to new environments. The research also suggests that social behavior may be significantly related to the developmental age of the child. In the intellectual domain, little positive or negative effect can be attributed to day care. With disadvantaged children, however, day care attendance appears to offset decline in test scores. No strong conclusions can be drawn from the limited research in other areas with the exception that quality day care appears to be related to caregiver stability, staff/child ratio, and level of staff education and related experience.

Jacobson, A.L. "Infant Day Care: Toward a More Human Environment". Young Children, 1978 (July), pp. 14-21.

> In planning optimal environments for infant day care, the human element is often minimized. Desirable caregiving competencies which can be used as a basis for evaluating day care personnel are derived from research findings.

Kamerman, S.G. Licensing, Standards and Regulations in Child Care Programs in Europe, Canada and Israel. Final Report. 1977 (July), (ED 156 342), 81 p.

> Presents comparative data on standards and regulations for child care programs in Europe, Canada, and Israel. Three models of child care systems are identified, and their implementation in eleven countries is described. Model I, the "anglo-American" model implemented in the United Kingdom and Canada, includes two or more parallel systems both serving the whole age groups from birth to compulsory school age; the care function is stressed by one system and the educational function by the other. Model II, followed in Sweden and Finland, features one integrated child care system for all children under compulsory school age, in which care, socialization and education are provided in a unified administrative structure. Model III includes two age-related systems: one, for children under three, which stresses the care function and child socialization and development; and a second, for children aged three to compulsory school age, which emphasizes educational goals in addition to care, socialization and development. This model is followed in France, Poland, Federal Republic of Germany, Italy, Denmark, Yugoslavia, and Israel. The report identifies which governement levels are responsible for standards in different countries, and suggests major trends and patterns with regard to the categories of standards and regulations, the range of standards and the nature and extent of compliance and enforcement. After each country's system is described, overall conclusions comparing the systems are presented.

Meyer, W.J. Staffing Characteristics and Child Outcomes: Executive Summary. 1977 (Jan.), (ED 156 341), 78 p.

> This review of research literature explores the possible harmful effects of day care programs on children's health and physical, motor, cognitive, and social and emotional development, and suggests how variations in staff/child ratios may influence these effects. Two broad categories of conditions are identified as harmful to children: directed techniques in which the caregiver is being actively harmful, and general sensory deprivation which can be active but often takes the form of benign neglect. Findings indicate harm is an elusive concept: children can be harmed physically, but psychological harm requires severe deprivation over extended periods of time before consequences become irreversible. Child/staff ratios are examined in relation to child characteristics, setting (family-style or center-based), program philosophy, caregiver characteristics, and level of standards (for minimal vs. optimal quality programs). Findings indicate that low child/staff ratios tend to produce quieter, less aggressive children who perform better on standardized tests. It is suggested that the Federal Interagency Day Care Requirements (FIDCE) should focus on specifying the actual number of children working with a caregiver, rather than an overall ratio of all children to all caregivers in a program.

O'Connell, J. "Children of working mothers: What the research tells us". Young Children, 1983 (Jan), Vol. 38(2), pp. 62-70.

> Reviews research on (1) the effects of day care on the mother-child emotional attachment, on intellectual growth and development and in helping children learn to get along with their peers; and (2) the effects of maternal attitude toward childcare settings on the child's development. Findings show no consistent adverse effects of out-of-home child day care.

Raven,M. "Review: The effects of Childminding: How Much Do We Know." Child Care Health & Development, 1981 (Mar/April), Vol 7 (2), pp. 103-111.

> Reviews the literature concerning childminding and examines the sources of some of the evidence that has been presented. Widespread concern about the effects of minding is noted, but it is suggested that such concern is not justified by the evidence currently at hand. It is concluded that little is known about this subject at the present time, and a new approach to research in this area is proposed.

APPENDIX F

RESEARCH TRENDS: CONTROVERSIAL ISSUES

Ricciuti, H. Effects of Infant Day Care Experience on Behavior and Development: Research and Implications for Social Policy. 1976 (Oct.), (ED 156 340), 62 p.

> This paper reviews major research dealing with the effects of infant/toddler day care on the behavior and development of infants, with special emphasis on useful research implications for those concerned with providing high-quality group care for infants outside the home. A brief examination of major analytic issues dealing with the problem of developmental effects of infant day care focuses on variations in program objectives, the problem of defining and measuring the effects of the day care experience on children, and interpretive problems concerning the relationship between particular day care experiences and specific outcomes in children and families. A review of major research findings in the context of the above issues comprises the largest section of the paper. The review is organized around three primary categories which are affected by the day care experience: (a) intellectual or cognitive outcomes, (b) parent-child relationships, particularly maternal attachment, and (c) social relationships with other adults and peers. Final sections briefly summarize some of the principal research findings on the effects of infant/toddler day care and the implications of these findings for day care policy. Proposed are specific guidelines and policies to ensure quality day care which is supportive and facilitative of early child development and parent-child relationships. A concluding section discusses appropriate roles which could be played by the federal government in supporting early child care.

Smith, E. "The Working Mother: A Critique of the Research." Journal of Vocational Behavior, 1981, Vol. 19, pp. 191-211.

> This article provides a critique of the research on the working mother. Three major areas of research are reviewed (1) the effects of maternal employment on preschoolers; (2) the working mother and school age children; and (3) working mothers, identity development, and life satisfaction. It was concluded that the research on maternal employment provided very few definitive answers regarding the effects of a mother's working on her family, children, and herself, Guidelines for conducting future research on maternal employment are presented.

Schwartz, J.I. "Renconciling women's changing status with children's enduring needs." Educational Horizons, 1980, Vol. 59 No. 1, pp. 15-22.

> Reviews three areas of research relevant to the impact of women's changing status on children's development: infant competence, maternal employment, and group care of very young children. Concluded that women's increasing social participation will not harm, but rather benefit children, as long as comprehensive family support services are provided.

Wandersman, Lois P. "Ecological relationships in family day care." Child Care Quaterly, 1981, Vol. 10(2), pp. 89-102.

> Draws upon an observational Study of interaction in family day care homes and other research to develop hypotheses about the factors that affect children's experiences in family day care. The research suggests that characteristics of children, caregivers, and settings are ecologically balanced in different models of family day care.

Zigler, Edward, and Heller, Kirby. "Child welfare: The policy-research rift." New York University Education Quarterly, 1980, Vol. 11, No. 4, pp. 11-18.

> Americans subscribe to the myth that Mom is at home taking loving care of physically and emotionally healthy youngsters. Another fantasy is that social science research cannot be applied appropriately to public policy-making. As a result, the needs of many children are unmet because intervention programs are inadequate in scope and ignore principles of child development.

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